



# 2017 MOUNTAINEER BASEBALL HOLIDAY CAMP

A Comprehensive All-Skills Camp – RHS Fieldhouse

Camp open to ball players from **ANYWHERE** grades K-8

December 21, 22 (Thursday, Friday)

9:00am-Noon

Camp Focus: *Offense* *Defense*

*Baserunning* *Pitching/Catching* *Baseball Mentality*

LOCATION: RHS FIELDHOUSE (Just North of the Football Field)

**NO SPIKES OR CLEATS— FLAT SOLE SHOES ONLY**

**Camp Fee: \$50**

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## CAMP APPLICATION

PLEASE PRINT

CAMPER'S NAME \_\_\_\_\_ BIRTHDAY \_\_\_\_\_ AGE \_\_\_\_\_ GRADE \_\_\_\_\_

PARENT'S NAME \_\_\_\_\_ Email Address: \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

TELEPHONE: Home \_\_\_\_\_ Mother's Work: \_\_\_\_\_ Father's Work: \_\_\_\_\_

## CAMP FEE: \$50

**Walk ups are welcome!**

Mail checks and application to:

**Mountaineer Baseball Camp c/o Darek Bunch**

**P.O. Box 1457 Lowell, AR. 72745**

**For more information: email - [darek.bunch@rpsar.net](mailto:darek.bunch@rpsar.net)**

## MEDICAL RELEASE/ APPROVAL

Name of Camper \_\_\_\_\_

Past Health Concerns \_\_\_\_\_ Past Injuries \_\_\_\_\_

Present Health (On Medication?) \_\_\_\_\_

Doctor's Name, Phone No., Address \_\_\_\_\_

Drug Sensitivities \_\_\_\_\_ Other Allergies \_\_\_\_\_

I verify that my child has been checked by a licensed physician and is physically able to participate in the Rogers Baseball Camp. I agree to allow my child to be treated by a licensed physician while attending, if necessary, and to assume all costs related to such treatment. Also, I authorize the disclosure to my insurance company for the purpose of claim.

Parent's or Guardian's Signature \_\_\_\_\_

Street Address \_\_\_\_\_ Phone (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_