

2016 Summer Youth Baseball Camp

Open to ALL Kids ages 5-12

Monday- June 20th -Thursday- June 23rd

9:00 am - 1:00 pm

\$100.00/Camper

***A one-day (\$25) discount will be given to families with more than one camper!**



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Age Groups and Coaches

5 and 6 year olds- Rookies with Shane Doyle

7-8 year olds- Minors with Patrick Renz

9-12 year olds- Majors with Jason Huggins

Kids will need athletic shoes or cleats, baseball glove, hat, lunch, water bottle and sun-screen every day!

Instruction will happen from 9-11:00 am, 11:00-11:30 lunch and 11:30-1:00 baseball games!

Skills covered will include fielding, throwing, hitting, base-running and sliding!

For more information contact:

Bill Wiley 307-413-6745 or bwiley@tcsd.org

Jason Huggins 307-690-2445 or jhuggins@tcsd.org

2016 Youth Baseball Camp
Camper Registration Form

First Name: _____ Last Name: _____

Baseball Experience: _____ yrs Age: _____

T Shirt Size: Youth XS S M L
Adult XS S M L XL

_____ Majors Camp (10-12 yrs old) \$100.00

_____ Minors Camp (7-9 yrs old) \$100.00

_____ Rookies Camp (5-6 yrs old) \$100.00

Parent's

Name(s): _____

Phone Home: _____ Work Phone: _____

Cell Phone: Mom _____ Dad _____

Email Address: _____

Emergency Contact #1: _____

Emergency Phone Number: _____

Emergency Contact #2: _____

Emergency Phone Number: _____

Mail To:

Jason Huggins

P.O. Box 3012

Alpine, Wyoming 83128

Checks Payable to Jason Huggins

When registering for Baseball Camp please send in this sheet, and keep the information sheet for your references.

Reminders and updates will be sent to your email address, please make sure it is written legibly!

2014 Jackson Little League Baseball Camp

Release of Liability and Insurance information

We/I _____
City _____ State _____ Zip Code _____

The parents/legal guardians of _____ a minor child who resides with us do hereby declare our intent to allow that child to practice, play, and participate in all baseball related activities with the Jackson Little League Baseball Camp.

Recognizing the possibility of physical injury associated with baseball we hereby release, discharge and /or otherwise indemnify Shane Doyle, Patrick Renz and Jason Huggins and their employees, other family members or associated personnel, including the owners of the fields and facilities utilized for the baseball camp, against any claim by or on behalf of the registrant as a result of the registrant's participation in the camp.

In addition we do hereby authorize Shane Doyle, Patrick Renz or Jason Huggins, if after a reasonable attempt has been made to reach a parent or guardian to obtain consent, or if sound medical practice decrees that there is not time to make such an attempt, to consent to x-ray examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care, to be rendered to the registrant under the general or specific supervision and on the advise of any physician or surgeon duly licensed to practice and do consent to an x-ray exam, anesthetic, dental or surgical diagnosis or treatment and hospital care, to be rendered to the registrant by any dentist duly licensed to practice.

We/I _____ have fully read and fully understand and agree to the WAIVER OF LIABILITY _____ (initials)
Date _____

Insurance Information

Name of Insurance
Company _____
Policy or Group
Number _____
Name of Policy
Holder _____
City _____
State _____
Zip Code _____