

2017 MOUNTAINEER BASEBALL SUMMER CAMP

A Comprehensive All-Skills Camp – Northwest Park FOR GRADES K-8

June 5,6,7 (Monday-Wednesday) 8:30am-Noon

Camp Focus:

Offense

Defense

Baserunning

Doctor's Name, Phone No., Address _____

Pitching/Catching Baseball Mentality

LOCATION: NORTHWEST PARK—ROGERS
Meet at bleachers of Bradford field (big field)

Camp Fee: \$80

CAMP APPLICATION PLEASE PRINT

	PLEASE PRI	NI			
CAMPER'S NAME	BIRTHDAY	AGE	GRADE		
PARENT'S NAMEADDRESS	Email Address:				
CITY					
TELEPHONE: Home	Mother's Work:	F	ather's Work:		
CAMP FEE: \$80 Walk ups are welcome! Mail checks and application to: Mountaineer Baseball Camp c/o Darek Bunch P.O. Box 1457 Lowell, AR. 72756 For more information: email - dbunch@rps.k12.ar.us					
MEDICAL RELEASE/ APPROVAL Name of Camper					
Past Health Concerns					
Present Health (On Medication?)					

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

Drug Sensitivities _____ Other Allergies _____