Lawrence University Baseball Skills Camp

Who: 9th – 12th grade  Cost: $20 per session

When: September 20, 2015 or October 3, 2015 or October 24, 2015

Session 1: 2:30pm - Session 2: 4pm
Session 1: 9:30pm - Session 2: 11am
Session 1: 9:30pm - Session 2: 11am

Where: Alexander Gymnasium
1100 E South River Street, Appleton WI

What: Session 1: Hitting Skills  Session 2: Pitching Skills

Contact Head Coach Jason Anderson at 920-832-7346 or email jason.m.anderson@lawrence.edu with questions

Find our brochure online at: http://www.lawrence.edu/athletics/baseball/

Registration Form: Lawrence University Baseball Skills Camp

Please detach form and mail with payment to: Lawrence University Baseball Camps, c/o Jason Anderson, 711 E Boldt Way, Appleton WI 54911

Camper Name: _____________________  Address: _____________________  Circle the Courses you will take

Phone: ___________________________  School: ______________  Grade: ___  Session 1  $20  Session 2  $20

Parents Names: _____________________  _____________________

Baseball Health Certificate

Camper’s Name: _____________________  Birth Date: ____/ ____/ ______  Family Physician: ______________________________

I certify that this student is in good physical condition and is physically able to participate in baseball camp activities. Medical Information: (please include date of last tetanus shot, medications, allergies, etc.)

_____________________________________________________________________________________________________

Date: _______________  Signed: ______________  ______________________________

(Signature of Parent, Guardian or Doctor)

I hereby authorize the directors of the camp to act for me according to their best judgment in any emergency requiring medical attention and I hereby waive and release the camp from any liability for any injuries incurred while in camp.

__________________________________________________________________________

Signature of Parent or Guardian  Place of Employment  Work or Daytime Phone

Insurance

Each camper must be covered by their own family insurance.

The name of our medical insurance company is ________________________________  Policy Number ________________________________