



# BROOKLAWN BASEBALL



## ALL SKILLS CAMP

FUNDAMENTALS OF PITCHING, BASE RUNNING, FIELDING, HITTING AND CATCHING

INSTRUCTORS INCLUDE:

**DENNIS BARTH HEAD COACH RUTGERS BASEBALL; ASSISTANT COACH STEVE MONDILE  
AND PAST AND PRESENT RUTGERS PLAYERS**

**AGES 9 – 15 • JULY 10 – 13, 2017 • 9AM – 1PM**

**CAMPBELLS FIELD, CAMDEN, NJ**

**(RAIN OR SHINE)**

**Registration via mail or email- ALL CHECKS MUST BE RECEIVED BY JUNE 30<sup>TH</sup>**

**FOR ADDITIONAL INFORMATION CONTACT: Director - Pam McCabe 856-931-9382 – email [newsportzcentral@gmail.com](mailto:newsportzcentral@gmail.com)**

**REGISTRATION: \$150.00**

**REGISTRATIONS DUE: 6/30/17**

### BROOKLAWN BASEBALL SUMMER CAMP 2017 REGISTRATION FORM

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Grade as of Sept.: \_\_\_\_\_ School attending in September: \_\_\_\_\_

Address: \_\_\_\_\_

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

Mother/Father/Guardian Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Mother/Father/Guardian Cell Number: \_\_\_\_\_ Email: \_\_\_\_\_

Any Medical Problems: \_\_\_\_\_

Emergency Contact: (name): \_\_\_\_\_ (relationship): \_\_\_\_\_

(phone): \_\_\_\_\_

Doctor's Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

\_\_\_\_\_ Please contact my primary doctor listed prior to emergency room treatment of my child

I hereby grant permission for the above to participate in the baseball clinics sponsored by Sportz Central. I understand there are risks of possible injury in this program. I release Sportz Central, its officers, members, and sponsors, AS WELL AS, the coaches group from any legal or financial responsibility resulting from actions of, or injury to, my child's participation in this program. It is my understanding that I will use my insurance first if any accident occurs and Sportz Central's insurance only if mine does not cover it. I also authorize treatment for my child that in the event of an accident, my child be

Parent or Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_

PAYMENT - Paid By Check # \_\_\_\_\_ Credit Card \_\_\_\_\_ or Cash \_\_\_\_\_ TAKEN BY: \_\_\_\_\_

**MAKE CHECKS PAYABLE TO:**

**SPORTZ CENTRAL**

**MAIL TO:**

**221B Creek Rd. Bellmawr, NJ 08031**

