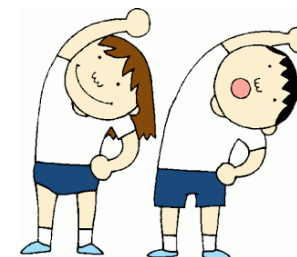




BASES 2020

Conditioning Camps

REGISTRATION FORM



Select	Session	Camp Description	Dates (Sat)	Times	Age	Cost	Size Limit
_____	BC	Pitcher's Bootcamp	Feb 15,22,29 Mar 7,14	9AM-10AM	11 & Up	\$100	10
_____	C12	Conditioning	Feb 15,22,29 Mar 7,14	10AM-11AM	12 & Under	\$100	10

\$25 DEPOSIT required for each camp. Full payment required when registering online. DEPOSIT amount non-refundable within the two weeks prior to any scheduled camp.

Name: _____ **Birth Date:** _____ **Age:** _____
Address: _____ **City/St:** _____ **Zip:** _____
Phone Number(s): Home _____ Day _____ Cell _____
E-mail Address: _____ **Years Experience:** _____
Emergency Contact: _____ **Emerg. Phone:** _____
Current Organization: _____ **Team:** _____ **Age Group:** _____ **Coach:** _____
Referred By: _____ **Shirt size (circle one):** YS, YM, YL, S, M, L, XL
 Website: www.basestrainingfacility.com E-Mail: basestraining@verizon.net

Parents, please read and sign indicating understanding and agreement:

DISCLAIMER OF RESPONSIBILITY FOR PERSONAL INJURY - ENFUCO Enterprises, LLC dba BASES – Baseball And Softball Essential Skills.
 I understand that exercise and conditioning activities may become strenuous at times and could cause personal injury. I have/will instruct my child to immediately inform the trainer if he/she believes they have experienced any type of strain or injury during this training. I understand that if my child is injured during any BASES training related activity and should require medical attention, appropriate medical care will be summoned and/or an ambulance will be called. If I am not available, I understand that every effort will be made to contact me, and to avoid delay in treatment: I consent to costs related to treatment: (beyond those covered by insurance). I give my authorization for my child to participate in the BASES Exercise and Conditioning Camps, and hereby release, indemnify, and hold harmless ENFUCO Enterprises, LLC, BASES, its staff, and agents from any claim or liability for accident or injury that occurs while participating. This is an activity that injuries may occur and could be serious in nature. I, the parent or legal guardians of the above registrant, acknowledges and understands that they are solely responsible for any medical expenses that may occur.

Parent/Guardian Signature: _____ Date: _____