



***BASES* 2022 Summer WEEK-LONG BASEBALL CAMPS REGISTRATION FORM**



Ages: 7-14 years old (players will be segregated by age/skill groups, as appropriate)

Baseball All-Skills Camps:

Dates:

____ **Session 1** → **July 18-22, 2022**
____ **Session 2** → **Aug 8-12, 2022**
____ **Session 3** → **Aug 22-26, 2022**

Location:

Paint Branch High School – 14121 Old Columbia Pike, Burtonsville, MD 20866
Millersville Baseball – 499 Ski Lane, Millersville, MD 21108
Bachman Sports Complex – 570 E. Ordnance Rd., Glen Burnie, MD 21061

Cost (Full payment required at time of registration): ____ **\$290 Full-Day (9AM-3PM)** ____ **\$175 Half-Day (9AM-Noon)**

Name: _____ **Birth Date:** _____ **Age:** _____
Address: _____ **City/St:** _____ **Zip:** _____
Phone Number(s): Home _____ Day _____ Cell _____
E-mail Address: _____ **Years Experience:** _____
Emergency Contact: _____ **Emergency Phone:** _____
Current Organization: _____ **Team:** _____ **Age Group:** ____ **Coach:** _____
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 if my child is injured during any BASES Summer Clinic 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 Summer Clinics, 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.

Camp Notifications:

Schedule changes, typically resulting from weather, will be administered via e-mail. It is important to provide a reliable e-mail address. All efforts will be made to communicate schedule changes by 8:00 AM each morning. Please check e-mail prior to sending your child to camp. In case of inclement weather or unplayable fields, camp will be moved to BASES indoor location.

Health & Safety Precautions:

At the current time there are no specific health & safety restrictions in place for outdoor practices. However, players should be prepared for changing requirements. Players should bring their own water bottle each day. No sharing of drink containers. A community cooler will be available but it will not be readily accessible to any player as in the past. Players that need water or a refill from the camp cooler will be provided such from a counselor, as needed..

The undersigned hereby understands and agrees with the Personal Injury Disclaimer, Camp Notifications, and Health & Safety Requirements stated herein.

Parent/Guardian Signature: _____ **Date:** _____