



**Summer Baseball
Camp 2010**

**Hit & Run Sports Center
2010 Summer Baseball Camp
Lakeside Field
Camper Registration Form
973-601-3117**

For more Information <http://www.hitrunsportsctr.com>

CAMPER:

First Name: _____ M.I. _____ Last Name: _____

DOB (mm/dd/year) _____ School Grade: _____

Street Address: _____

Town: _____ State: _____ Zip: _____

PARENT/GUARDIAN:

(P1) First Name: _____ Last Name: _____

(P2) First Name: _____ Last Name: _____

Street Address: _____

Town: _____ State: _____ Zip: _____

Home # : _____

(P1) Work # : _____ (P2) Work # : _____

(P1) Cell # : _____ (P2) Cell # : _____

(P1) E-mail: _____ (P2) E-mail: _____

Additional Options (\$50 Each):

Video Analysis to correct and identify issues with: Swing (Hitting) Throwing Pitching Fielding

Skyhawks Game: I will be attending the Skyhawks Game & Fireworks Extra Tickets \$10 Each # of Extra Tix: _____
(2 Tix complimentary for each camper)

PHOTOS:

Please check this box if you **DO NOT WISH** to have your child's photo's on our website for your viewing pleasure (password protected)

FEES: **\$160.00 per camper** for Baseball Age 5 to 8 (Age as of 4/30/2010) dates are August 9th, 10th, 11th, 12th & 13th
\$185.00 per camper for Baseball Age 9 to 12 (Age as of 4/30/2010) dates are August 16th, 17th, 18th, 19th & 20th

PAYMENT METHODS: Cash or Make Checks Payable to **"Hit and Run Baseball"** and mail to:
Hit & Run Sports Center
15 Weldon Road
Lake Hopatcong, NJ 07849

EMERGENCY CONTACT & MEDICAL CONDITIONS:

Name: _____ Tele#: _____

(All Conditions are Confidential) _____

I give my approval for my child's participation in Matt & Jay's Baseball Summer Camp and other activities listed above. I assume all risks and hazards incidental to the conduct of the activities and the transportation to and from the activities and in the event of injury to my child, I waive all claims, and do further release, absolve and hold harmless Hit and Run Baseball, its organizers, owners, directors, managers, coaches, supervisors and sponsors.

I acknowledge that my child is in good health and can participate in athletic activities. In case of accident or injury, I understand that Hit and Run Baseball will attempt to contact me first, then my emergency contact listed above, but in any event, Hit and Run Baseball may contact the local police and request emergency assistance.

PARENT/GUARDIAN SIGNATURE: _____ **DATE:** _____