

ST. NORBERT

St. Norbert College Summer Baseball Camp

Location: Larry Van Alstine Field at Mel Nicks Sports Complex

Date: July 14th, 15th, & 16th

Cost: \$150.00

Time: Ages 7-13: 9:00 am - 10:30 am
Ages 14-17: 11:00 am -12:30 pm
(Ages could be combined if not enough)



Please make checks payable to: **Mike Wallerich**
Send registration to: **St. Norbert College Baseball**
100 Grant St.
De Pere, WI 54115

Camp Goals:

This camp is geared towards the fundamentals of baseball. From hitting, to bunting, to pitching mechanics and arm care, to defensive mechanics. Teaching the fundamentals of baseball through discipline and energy will allow the players to have fun playing a game that is extremely beneficial to the growth of our young athletes.

Camp Offered by the St. Norbert College coaching staff, players, and baseball coaches around.

(Please Tear and Return with Payment to the above address)

Campers Name: _____ Parents Name: _____
Age: _____ Address: _____ Phone: _____
Email: _____

SNC Summer Baseball Camp Permission & Medical Release

I understand and acknowledge that my child may suffer serious injury by participating in this Summer Baseball Camp. With full knowledge of the risk, I hereby authorize the camp, coaches, trainers, athletic staff, on my behalf to administer emergency medical treatment to attending the above-mentioned camp. This permission extends the right of those to arrange for medical personnel, and for them to apply any emergency techniques they deem appropriate to treat any injury or illness sustained by my child.

I hereby agree to release, indemnify, and hold harmless St. Norbert College, Coaching staff, all coaches and the Premonstratensian Fathers, and their officers, directors, staff, members, and agents from damage, or death to my child or personal property arising from or in connection with the participation of my child in any St. Norbert Baseball Camp, including damages related to medical care as authorized in statement.

I certify that my child is in good health and is able to participate in this camp without risk to his health. I, the guardian of the registrant, agree that and the registrant, agree that I and the registrant will abide by the rules of the clinics. I have read and fully understand the above statements

Printed Name of Legal Guardian Signature of the Legal Guardian Insurance Carrier and Member #