

# COUGAR BASEBALL CAMP 2020

**PLACE:** NORTH H.S. BASEBALL FIELD

**DATES:** JUNE 15 - 18 9:00 AM - NOON MIDDLE SCHOOL (2019 – 2020 GRADE)  
JUNE 22 - 25 9:00 AM - NOON K - GRADE 6 (2019 – 2020 GRADE)

Improve your throwing, catching, fielding , and hitting fundamentals. Participants will play in game competition. Emphasis will be placed on fundamentals and fun. Richard Hurt, BHSN Varsity Coach, will direct the camp along with assistant coaches and North players. T-shirt included, please specify shirt size.

PARTICIPANTS NEED TO BRING: (please mark name on **ALL** personal items)

- BASEBALL GLOVE
- BAT (IF YOU HAVE YOUR OWN)
- CLEATS (GYM SHOES IF NO CLEATS)
- T-SHIRTS, BASEBALL PANTS, OR SWEAT PANTS RECOMMENDED
- HAT

**COST:** \$95 1 CHILD / \$170 2 CHILDREN / \$225 3 CHILDREN (FAMILY MEMBERS)

MAKE CHECKS PAYABLE TO: **COUGAR BASEBALL CAMP**

LATE REGISTRATION AVAILABLE AT NORTH H.S. BASEBALL FIELD
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PLEASE COMPLETE THE FOLLOWING REGISTRATION FORM, DETACH, AND MAIL TO:

**COUGAR BASEBALL CAMP**

**ATTN: COACH HURT**

**1010 W. ROSEWOOD DR.**

**BLOOMINGTON, IN 47404**

OR CALL **330-7831** OR **336-8720** FOR MORE INFORMATION.

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NAME: \_\_\_\_\_

T-SHIRT SIZE:      **YS**    **YM**    **YL**    **S**      **M**      **L**      **XL**  
(Y = YOUTH SIZE)

GRADE: \_\_\_\_\_  
(2019-2020): (JUST COMPLETED)

PARENT'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ EMERGENCY TELEPHONE: \_\_\_\_\_

**\*PLEASE COMPLETE THE CONSENT FORM ON REVERSE SIDE**

PARENT CONSENT, ACKNOWLEDGEMENT AND RELEASE FORM

I/we hereby give consent for my son/daughter to participate in the Bloomington High School North baseball camp. I/we know of and acknowledge that my son/daughter knows the risks involved in athletic participation, understands that serious injury, and even death is possible in such participation, and choose to accept any and all responsibility for his/her safety and welfare while participating in this camp. With full understanding of the risks involved, I/we release and hold harmless camp directors, BHSN, and the MCCSC of any and all responsibility and liability for any injury or claim resulting from such athletic participation, and agree to take no legal action against the MCCSC because of any accident or mishap involving the athletic camp participation of my son/daughter.

Family Insurance coverage:

Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

I HAVE READ THIS CAREFULLY AND KNOW IT CONTAINS A RELEASE.

Participants(s): \_\_\_\_\_ Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed names: \_\_\_\_\_ Printed Names: \_\_\_\_\_