

JOHN CARROLL UNIVERSITY BASEBALL TEAM

"Holiday Baseball Camp"

Monday & Tuesday, December 22nd - 23rd, 2008

Time: 9:00 AM - 12:00 PM

Location: DeCarlo Center - John Carroll University - University Heights

Ages: 5-14 (grades K-8)

Cost: \$60.00 for 1 full session

\$15.00 discount when one or more siblings participate

JCU Baseball T-Shirt will be included



What a better way to spend a morning while there is no school! Come and learn from the John Carroll baseball staff for two fun days of defense, hitting and base running drills. We will also test your skills and play baseball games.

Pre-Register your child by contacting the John Carroll Baseball Office at 216.397.4660 or detach the bottom portion of this form and return send it in to the office address listed.

* Visit Web Site: JCUSPORTS.com/ click on Men's Sports/ click on Baseball

Registration Form

JOHN CARROLL UNIVERSITY BASEBALL TEAM

"Holiday Baseball Camp"

Child/Children's name(s) _____ Ages(s) _____

Address _____

Parent(s) Name _____

Phone (home, cell) _____

Email address _____

Please list any allergies or medical conditions _____

Checks should be made payable to: "John Carroll University" and mailed to
John Carroll University,
Attn: Baseball Office
University Heights, OH 44118-4581

John Carroll University Baseball “Holiday Winter Camp”

WAIVER OF LIABILITY:

I hereby allow my child to participate upon my initiative and application and assume all risks of his/her participation in the John Carroll University Baseball, “Holiday Winter Camp” and in consideration of his/her participation in said program due hereby waive and release all claims arising as a result of personal injuries or property loss during such program. If a parent or guardian is not present, I furthermore authorize the staff program in the event of illness or injury to administer emergency care and to arrange for any medical transportation to the nearest health care facility deemed appropriate. I understand every effort will be made to contact the parent or guardian prior to any involved treatment. I grant permission to a qualified physician and/or other medical personnel to furnish medical care using the above guidelines and while my son/daughter is participating in the John Carroll University Baseball, “Holiday Winter Camp”. I also agree that my insurance carrier or I will bear the financial responsibility for any medical treatment administered under the above guidelines.

Parent/Guardian Signature:

***Please Bring Signed Waiver with Participant’s Application**