



# Youth Catching Camp - Baseball/Softball

Catchers are the leaders of their team. They play a special position that requires special equipment, drills and coaching. Thus, they need their own camp. Players will be instructed on proper equipment fitting, warm up, stretching, stance, framing, swaying, blocking, throwing, fielding bunts and plays at the plate.

**EQUIPMENT REQUIRED:** Each catcher **MUST BRING THEIR OWN GEAR:** Helmet, Mask, Chest protector, Shin guards and mitt.

**Mondays**  
11-7 11-14 11-21 11-28 12-5 12-12  
**Ages 8-14**  
8:00pm - 9:00pm

PLEASE RETURN THE FORM TO THE FACILITY YOU WISH TO ATTEND  
OR REGISTER ONLINE AT [www.bnssports.us](http://www.bnssports.us)

**Balls-n-Strikes**  
3919 N. Hillcrest Suite 3  
Bel Aire, KS 67220  
P: 316.618.1300

**Balls-n-Strikes**  
19894 W Kellogg Suite C  
Goddard, KS 67052  
P: 316.550.6427

\$175 per player

4:1 player to instructor ratio

6 consecutive weeks

## Youth Hitting 6 Week Camp - Baseball/Softball

Send completed form with check or credit card info to Balls-n-Strikes.

Name \_\_\_\_\_ Birthdate \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone H \_\_\_\_\_ Phone W \_\_\_\_\_

Phone C \_\_\_\_\_ Email \_\_\_\_\_

Guardian's Signature \_\_\_\_\_

I hereby authorize the director of the Balls-n-Strikes camp to act for me according to his/her best judgment in an emergency requiring medical attention. I know of no mental or physical problems, which might affect my child's ability to safely participate in this camp. I will be responsible for any medical or any other charges in connection with his attendance at camp. I agree to abide by the rules and regulations of the camp.

Credit Card # (MC, VISA, Discover) \_\_\_\_\_ Exp \_\_\_\_\_ / \_\_\_\_\_ **CV2** \_\_\_\_\_  
(# on back of card)

Credit Card Signature \_\_\_\_\_

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