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| **Balls -N- Strikes Summer Baseball Camp (Ages 7-13)** **This program focuses on taking ballplayers to the next level with skill specific teaching stations. Campers will rotate through drills consisting of hitting, pitching, fielding, agility, rundowns, bunting base running.** | | |
| **Campers Should Bring**: Glove and Bat (Please label all equipment) | | |
| **Date** **June 22-23  (Tue, Wed)** | **Time**  **9:00am-12:00pm** | **Instructors**  **Instructors will include former professional baseball players, current or former college players, and area high school coaches.** |
| **Location**  **Shawnee Sports Complex** | **Cost**  **$85** | 573.803.1099 www.bnssports.us |

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| |  | | --- | | 2010 Summer Baseball Camp Cape Girardeau, MO Please Mail completed form with check to: Balls-n-Strikes Summer Camp – 826 B Enterprise Drive –Cape Girardeau, MO 63701 – 573-803-1099 | |
| Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birthdate\_\_\_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_\_  Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_State\_\_\_\_\_\_\_\_ Zip\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Phone H\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone W\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Phone C\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Parent/Guardian Name &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. |