

# MIRA COSTA HIGH SCHOOL

## FEBRUARY BASEBALL CAMP

CAMP DATES: February 18, 19, 20, 2008      Ages: 7 to 13      CAMP HOURS:  
9AM TO 12PM

CAMP LOCATION: Mira Costa High School Baseball Field (Meadows Ave.)

COST: \$110 (including t-shirt and snack). Bring your own snack if you have food restrictions/allergies. Checks payable to Mira Costa Baseball Booster Club. Mail to 1560 5<sup>th</sup> St. Manhattan Beach, CA 90266. Questions? Call Liz or Ian Neal @310 798 8466 or email [Leeofba@verizon.net](mailto:Leeofba@verizon.net)

### IMPROVE YOUR BASEBALL SKILLS WITH THE MIRA COSTA BASEBALL TEAM

#### HITTING    FIELDING    PITCHING BASERUNNING

PLAYER'S NAME: \_\_\_\_\_ AGE \_\_\_\_\_ DOB \_\_\_\_\_

ADDRESS: \_\_\_\_\_ City/Zip \_\_\_\_\_ T-shirt size \_\_\_\_\_

Parent's names \_\_\_\_\_ Parent's home number: \_\_\_\_\_

Parent's cell numbers: \_\_\_\_\_

EMAIL \_\_\_\_\_

Names of others authorized to pick up your child: \_\_\_\_\_

I hereby authorize the staff at Mira Costa High School Baseball Camp to act on my behalf according to their reasonable judgment in any emergency requiring medical attention for my child. I understand that efforts will be made to contact me, but that medical treatment will not be withheld if I cannot be reached. I hereby waive any and all claims against and release the camp, and all persons involved in conducting the camp, from any and all liability for any injury or illness which may occur while my child is participating in the camp. I agree to indemnify and hold free and harmless all persons involved with conducting the camp against all claims arising out of my child's participation in the camp. I have no knowledge of any physical impairment that would be affected by my child's participation in the camp program. No refunds for cancellations due to weather. We will do our best to accommodate the camper on the next camp if camp cancels because of weather.

Parent or Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_