

# 2017 GILBERT FUNDAMENTAL BASEBALL CAMP

AGES: Baseball Players From ages 5-14

WHEN: June 12-15

WHERE: Gilbert Recreational Fields

TIME: 8:30 AM. – 12:00PM

COST: \$70.00 pre-registered (\$80.00 if paying the day of camp)  
**\*Includes Camp T-shirt\***  
\*Due to staffing responsibilities and t-shirt orders there will be no refunds\*

CAMP STAFF: Instructional Staff Will Include Coach Burnett, and Current GHS Players.

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Dear Parents and Campers,

This camp has become an annual event in the Gilbert area. Last year's camp was a great success and provided the young men who attended the opportunity to enhance their baseball skills.

I would like to emphasize that this camp is for all players regardless of ability. Each camper will be grouped according to his/her age and individual ability. We plan to provide demonstrations, drills (hitting, fielding, pitching, etc.), practice, and game type situations. Each camper will receive a camp T-shirt and the memories that go with exciting baseball competition, and the fun and good times of 4 days with youngsters who aspire to become better baseball players.

Each camper should wear comfortable clothing, in which they can move and work with ease. They should bring their caps, gloves, and bat. A canteen with sports/soft drinks will be available for the campers to purchase. Water and periodic rest breaks will be provided as needed. Upon receipt of this application, your child will be registered.

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

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

PARENT'S NAME: \_\_\_\_\_ PHONE: (WK) \_\_\_\_\_ HOME \_\_\_\_\_

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

AGE AT CAMP: \_\_\_\_\_ GRADE IN FALL OF 2017: \_\_\_\_\_

T-SHIRT SIZE: YS \_\_\_ YM \_\_\_ YL \_\_\_ AS \_\_\_ AM \_\_\_ AL \_\_\_ AXL \_\_\_

## RELEASE FORM

MY SON/DAUGHTER \_\_\_\_\_ HAS MY PERMISSION TO PARTICIPATE IN THE GILBERT BASEBALL CAMP. HE/SHE IS IN GOOD HEALTH, AND SHOULD HAVE NO DIFFICULTY IN THIS ACTIVITY. BY SIGNING THIS FORM, I WILL IN NO WAY HOLD GILBERT DIXIE YOUTH BASEBALL, LCRAC, COACH BURNETT, OR ANY STAFF MEMBER RESPONSIBLE FOR ANY ACCIDENTAL INJURY THAT MAY OCCUR DURING THIS CAMP.

PARENT OR GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

RETURN THIS FORM AND MAKE CHECKS PAYABLE TO:

Ashley Burnett  
120 Old Chapin Road  
Lexington, SC 29072  
Home Phone: 957-3004  
Work Phone: 821-1927