



Pro Player Indoor Training Facility Summer Camp

Please circle which camps you will attend

Baseball Hitting

\$100.00 per person

June 25-29

Monday through Friday

****Maximum 6 campers per session**

9:00 am to 10:00 am

Grades 3-8 Baseball

All parents/guardians must check-in your camper first. A batting cage liability insurance waiver form must be signed by a parent/guardian and the camper prior to attending camp.

All Campers will receive t-shirt.

****We will add sessions when exceeds maximum number of campers**

All campers must carry in clean tennis shoes. No spikes allowed in facility.

PRO PLAYER CAMP REGISTRATION FORM
(Please print clearly)

Camper's Name:	Birth Date:	Grade (next school year)
Parent's Name:		
Address:		
City:	State:	Zip
Home Phone:	Emergency Phone:	Cell Phone
Email Address:		
T-shirt Size: Shirt sizes range: <input type="checkbox"/> Youth Large <input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large <input type="checkbox"/> X-Large <input type="checkbox"/> XX-Large (Please select one per camper)		

_____ and parent or guardian release Bill Seamon and Pro Player
(Camper's name)

Indoor Training Facility of all liability due to injury or loss of equipment which includes all future claims
for injuries that may arise from activates of the baseball instruction.

I _____ accept any and all responsibility.
(Parent or Guardian Name)

Camper's Signature _____ Date _____

Parent or Guardian Signature _____ Date _____

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by a parent/guardian and camper prior to attending camp.
All campers must carry in clean tennis shoes to participate.
No spikes allowed in facility.**