

BAKER FASTPITCH CAMPS' 4-WEEK PITCHING BOOTCAMP



When: March 6th, 13th, 20th, 27th

Where: Triple Crown Baseball/Softball Facility: 2208 Us Highway 41, Schererville, IN 46375

How Much: ONLY \$115 for the entire 4 weeks; includes a Special Edition Bootcamp T-Shirt! Please Make Checks Payable to Brooke Runyon and send to: 10620 Golden Grove Ave Dyer, IN 46311

Who: Middle School & Elementary School Pitchers ONLY. NO High School Pitchers, Please.

We will offer 2 classes to choose from:

6:30pm to 7:30pm _____

7:30 to 8:30pm _____

Boot Camp Instructors: Lead Instructors are Brooke Baker-Runyon (Purdue University Softball Alumni/Head Softball Coach Andean High School), & Rick Baker (General Manager of the NWI SOX Program, Founded in 2009). Student Instructors are Holly Pagen (Purdue Northwest Pitcher) & Leslie Ford (Purdue Northwest Pitcher)

Student Name: _____ Age: _____

Parents' Name: _____

Parents' Email Address: _____

T-Shirt Size: _____

NOTE: ALL Pitchers MUST have a catcher (this could be parent, sibling, teammate, friend, etc.)

Please remember to enclose this waiver & consent form with your check/money order when you send registration form to: Brooke Runyon 10620 Golden Grove Ave Dyer, IN 46311!!
Thanks!

INSURANCE AND LIABILITY WAIVER & CONSENT FORM

I understand that I am required to have accidental medical coverage for the child/parent listed on this waiver, and I verify that the information provided on this form is accurate and true. I understand and agree that if I do not have accidental medical coverage for the child listed on this waiver, I will be financially responsible for all charges and fees incurred in the rendering of said treatment.

In case of an injury, I authorize the staff of Brooke & Rick Bakers Monday Night Pitching School to render first aid. I understand that at the discretion of the camp supervisor and staff my child may be dismissed from the camps without refund for inappropriate behavior. I understand that at the conclusion of the scheduled camp time the program and staff are no longer responsible for my child. I give permission to use, reprint and produce any photographs or videos taken of my child and written materials supplied by me or my child in the form of evaluation during the youth sports program. I hereby authorize Brooke & Rick Baker's Monday Night Pitching School staff to act for me in case of an emergency and waive and release Brooke & Rick Baker's Monday Night Pitching School and Triple Crown All Stars facility from any and all liability for any and all injuries and illness occurred while at camp:

Parent/Guardian Signature/Date

Emergency Contact Phone Number Emergency Contact

Please Print Student's Name

Please Print Parent's Name

