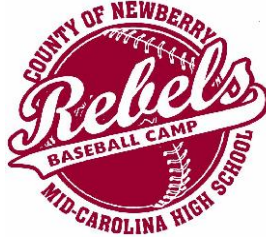


# County of Newberry Recreation

And



## Mid-Carolina Baseball Fundamentals Camp

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This camp is for all players regardless of ability. Each camper will receive instruction in the fundamentals of throwing, catching, and hitting. There will be demonstrations, drills, practice, and game type situations. Campers will be grouped according to skill level. Campers should bring a WATER BOTTLE and a glove. (Bats are optional) Please dress in clothes that you can move around in.

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**WHERE: MID-CAROLINA HIGH SCHOOL BASEBALL FIELD**

**AGES: 5 – 13 YEARS**

**DATE: JULY 8th – 10th, 2019**

**TIME: 9:00 am to 12:00 noon**

**COST: \$40.00**

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*REGISTRATION ON THE MORNING OF THE CAMP@ 8:30 a.m.*

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Participant's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Mother's Name: \_\_\_\_\_ Legal Guardian: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work: \_\_\_\_\_ F/Cell: \_\_\_\_\_ M/Cell \_\_\_\_\_ Other: \_\_\_\_\_

**PLEASE READ WAIVER AND RELEASE BEFORE SIGNING:**

In signing up and participating in Newberry County programs, you are expressly assuming the risk and legal liability and waiving and releasing all claims for injuries, damages or loss which you might sustain because of participating in any and all activities, including transportation services, where provided.

I acknowledge that there are certain risks of physical injury to participants in these programs and I voluntarily agree to assume the full risk of all injuries, damages or loss, regardless of severity, that I/my child may sustain because of participation. I further agree to waive and relinquish all claims I/my child may have because of participating in these programs against Newberry County, & Newberry County School District, its officials, agents, volunteers, sponsors, and employees.

If my child is injured, becomes ill, or needs medical attention for any reason, I authorize program staff to assist my child and to call for medical assistance. My child will be transported to the nearest medical facility as determined by emergency personnel. **I understand I am responsible for all costs incurred in any such medical emergency.**

I understand photographs of my/my child's participation in this program may be used by Newberry County to promote the County's events facilities, without compensation and without additional approval.

**I HAVE READ AND FULLY UNDERSTAND THIS WAIVER.**

Parent's or Legal Guardian's Signature: \_\_\_\_\_ DL#: \_\_\_\_\_ Date: \_\_\_\_\_