

# Astros Baseball Camp 2018

## **BOYS' BASEBALL CAMP**

**On the Pinkerton Academy Varsity Baseball Field (Ages 8-15)**

**(Monday, June 25th-Thursday, June 28th ) Day Camp 9:00 a.m. to 2:00 p.m.**

**One camper cost is \$130 before May 15 and \$140 after May 15 for Full Day Camp. No fees will be refunded after Camp has begun. Campers will be instructed on the mental aspects and physical fundamentals of the game by the Pinkerton Boys' Baseball Staff and Players; along with other area college and high school coaches! The camp day will consist of stations, contests, team practices, lectures, and mini-games. Please make sure your child has enough water to drink during this week of camp and is properly outfitted to play Baseball! Gatorade, Water, Snacks & Pizza will be available for purchase or campers may choose to bring their own snacks.**

**Please Make Check Payable to: Astros Baseball Camp, LLC**

**\*\*(Not sponsored by the Derry, Candia, Chester, Auburn, Hampstead, Hooksett School Districts or Pinkerton Academy.)\*\***

**Mail completed Registration Form(s) and Check to:**

Astros Baseball Camp, LLC

Questions— **EMAIL: pinkertonbaseball@gmail.com**

35 Manchester Rd. #11A 262

Derry, New Hampshire 03038

**\*\*\*(Please Mail the Registration Form(s) and Check to Coach Campo)\*\*\***

More Registration forms: [www.pinkertonacademy.org](http://www.pinkertonacademy.org) **Click on Athletics, Summer Camps, Boys' Baseball**

**Please print the following information clearly**

**NAME: \_\_\_\_\_ GRADE ENTERING IN FALL: \_\_\_\_\_**

**PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_**

**ADDRESS: \_\_\_\_\_ TOWN: \_\_\_\_\_**

**EMERGENCY PHONE NUMBER: \_\_\_\_\_**

**(Please provide a different number than the one above)**

**Name(s) of Brother(s) attending camp with you: \_\_\_\_\_**

**(Each Camper must return a completed registration)**

**All Full Day campers will receive a Camp "T" Shirt. We will try and size the campers the best we can!**

The undersigned being a parent or legal guardian of the child requesting camp admittance, does hereby affirm that the applicant is in good health and suffers no illness, disability, or condition that requires the taking of medication on a regular basis unless that condition is disclosed and approved. Furthermore, the undersigned has no knowledge of any reason the applicant cannot participate in vigorous physical activity.

Participation in this sport/activity may involve risk or injury. As a parent/guardian/participant I am aware of these hazards and of the ability to participate. In consideration for participation in this program, I hereby for myself, my heirs, executors, and administrators waive and release all rights and claims against Astros Baseball Camp, LLC, its employees, volunteers, agents, and Pinkerton Academy, from all losses, injury, damages, fees, and other expenses, arising out of or in connection with participation in the activity/sport. The above named cannot be responsible for any aggravation or injury caused as a result of pre existing disabilities; including, but not limited to, allergies.

The undersigned hereby expressly agrees to be responsible for any medical bills incurred in the treatment of any illness or accident. In the event of any such accident or injury, I hereby consent to allowing any of the camp supervisors to procure any medical treatment deemed advisable on behalf of my child or ward without prior consent No medical insurance is provided by Pinkerton Academy or Astros Baseball Camp, LLC. I understand that, as a condition of admittance as a camper, the undersigned, on behalf of all parents and guardians, and on behalf of the applicant, hereby release Pinkerton Academy, Astros Baseball Camp LLC. and all other employees or events of the Camp from any and all liability from injury or illness, mental or physical, suffered by the camper during or related to camp, unless caused by willful act of gross negligence by the person or entity against whom the claim is made.

**Signature of parent or guardian: \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_**

**(Please Print) Primary Care Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_**

**Insurance company: \_\_\_\_\_ Policy number: \_\_\_\_\_**

Astros Baseball Camp LLC will run rain or shine. Thunder/lightning and field condition, due to rain, will be the only reason camp is cancelled. There will be no refund for weather related cancellations.