



Andover Baseball Summer Camp

- **Who:** Any athlete entering grades 3rd – 9th
- **Dates:** May 31st – June 2nd
- **Location:** Andover High School Baseball Field (inside if necessary)
- **Time:** 9:30am – 12pm each day
- **Purpose:** Athletes will receive instruction on the foundational skills that will support their continued development as baseball players.
- **Register:** Please email Coach Hilts at hiltsj@usd385.org.
- **Cost:** \$60, cash or checks made payable to James Hilts.

If you have any questions concerning the camp, please contact Coach Hilts through email at hiltsj@usd385.org. Check-in and completion of registration for the camp will take place at the Andover High School baseball field. Please bring the below form to check-in.

Participants Name _____

Parent/Guardian Contact: Phone _____ Email _____

Incoming Grade in School _____

Parental Release and Indemnity Agreement

Under acceptance of the application, my minor child (_____) will be eligible for participation in the Andover Baseball Camp. I agree to release Andover High School, its employees, Coach James Hilts and coaching staff, from all claims on account of injuries or losses which may be sustained by my minor child while attending camp.

Parent Signature _____ Date _____

Emergency Contact _____ Phone # _____