

# **Bulldog Baseball Pre-Season Camp**

**Location:** Crown Point High School Fieldhouse

**Dates & Time:** **2 day camp for grades K-8th** → Friday, February 17<sup>th</sup> & Friday, February 24<sup>th</sup> (6:30-8 pm)

**Cost:** \$60.00 per camper (\$80.00 per family) **Make checks out to BULLDOG BASEBALL.**

**Instructors:** You may mail your check and forms to: Coach Steve Strayer, Crown Point High School, 1500 S. Main Crown Point, IN 46307  
Steve Strayer (Varsity Baseball Coach), Dave Hoffman, Dave Ortiz, Brett Keeler, Chris Gloff, (Assistant Coaches)  
& the Crown Point Players

**T-shirt:** Every camper will receive a T-shirt

-----please detach-----

Student Name: \_\_\_\_\_ Grade \_\_\_\_\_ Shirt Size (circle): **YS YM YL S M L**  
**XL**

Address: \_\_\_\_\_ School: \_\_\_\_\_

Phone: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_

## RELEASE AND WAIVER OF LIABILITY, INDEMNITY AGREEMENT AND HEALTH STATEMENT **(Please Read Carefully Before Signing)**

In consideration of enrollment in the camp(s) I hereby release from all liability the Crown Point Community School Corporation, its agents and employees and camp(s), its directors and instructors. For any and all claims, demands, losses or damages on account of any injury of the participant(s) or damage to property, arising out of or relating to participation in the program(s) caused or alleged to be caused by the sole negligence or the concurrent negligence of Crown Point Community School Corporation, its agents or employees or the sole negligence or concurrent negligence of the camp(s) including its directors or instructors.

I hereby represent that my son/daughter to be in good health and I know of no reason he/she cannot participate in the camp(s).

Printed Parent/  
Guardian Name \_\_\_\_\_ SIGNATURE \_\_\_\_\_ Date \_\_\_\_\_