



REGISTRATION PROCEDURES

1. Indicate the camp(s) of your choice.
2. Complete the Registration Form & Health Information Form.
3. Be sure to complete all questions.
4. Enrollment is limited; return the completed forms and fee as soon as possible to confirm the session of your choice
5. Camps Begin promptly at indicated times.
6. After receipt of your forms and fee, additional camp information will be sent to you.

PLEASE REGISTER EARLY!

Carthage Winter Baseball Camp Registration Form 2008

There are two separate camps. The first camp will occur on December 20th & 21st, and the second on December 29th & 30th. If attending both the hitting and pitching camps, the cost is \$100.00. Separately the camps will cost \$60.00. Please check appropriate box:

December 20th & 21st

- | | | |
|----------------------------------------------------------------------------------------------|-----------------|----------------|
| <input type="checkbox"/> Pitchers & Catchers Camp (All ages)** | 9:30am-11:30am | Cost: \$60.00 |
| <input type="checkbox"/> High School Hitters Camp (9 th –12 th Grades) | 10:00am-12:00pm | Cost: \$60.00 |
| <input type="checkbox"/> Hitters Camp (All ages) | 12:45pm-2:45pm | Cost: \$60.00 |
| <input type="checkbox"/> BOTH Pitchers & Catchers Camp (9:30am) & Hitters Camp (12:45pm)** | | Cost: \$100.00 |

****Please specify if you are a Pitcher or Catcher**

- Pitcher
 Catcher

December 29th & 30th

- | | | |
|----------------------------------------------------------------------------------------------|-----------------|----------------|
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****Please specify if you are a Pitcher or Catcher**

- Pitcher
 Catcher

Camp T-Shirt: \$10.00 [] yes [] no

YOUTH Size: [] Small [] Medium [] Large [] X-Large [] XX-Large

****There will be no shirts available at camp time. All shirts must be purchased prior to camp**

AMOUNT ENCLOSED: \$ _____ **Make Checks Payable to:** Augie Schmidt The Tarc Building
 2001 Alford Park Drive is the building
 Kenosha, WI 53140 located next to the
 (262)945-0788 Football Field.

If doing both Pitching/Catching and Afternoon Hitting, Please bring a lunch or make lunch arrangements off campus. Soda is provided.

Please print and complete the following:

Name _____ Grade _____
 Street Address _____
 City/State/Zip _____
 Daytime Telephone _____ Date of Birth _____ School _____
 Physician's Name & Telephone _____
 Emergency Contact Telephone (during camp hours) _____
 Email address _____

I understand and agree that Carthage College, the camp director, and everyone connected with the camp assumes no responsibility for accidents, injuries, medical or dental expenses incurred by my child during camp. I also confirm my child is in good physical condition to participate in the camp and hereby give my permission for emergency medical treatment in the event that I cannot be reached.

Signature of Parent/Guardian _____ Date _____

Carthage College baseball camps will not be responsible for any lost or stolen personal property.