

# LU-DAWG★BASEBALL

CALIFORNIA LUTHERAN UNIVERSITY

## Lu Dawg Summer Baseball Camps 2010

### Check Camp you wish to attend

- June 21-25
- July 7-9 Speciality Camp (Hitting ,Infield ,Outfield only)
- July 12 - 16
- July 19 - 23
- August 2 - 6
- August 9 - 11 Speciality Camp ( Hitting, Pitching, Base running only)

**Campers Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Business Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Email address:** \_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_ **Emergency Phone:** \_\_\_\_\_

**Grade in School:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **First Time Camper:** Yes No

(Office Use Only) (**Amount Enclosed:** \$ \_\_\_\_\_) (**Check#** \_\_\_\_\_) (**Total:** \_\_\_\_\_)

**Previous Lu Dawg Camp:** (Circle all that apply) Summer Winter Spring

**Insurance Carrier:** \_\_\_\_\_

**Please note any medical conditions:** \_\_\_\_\_

\_\_\_\_\_

I hereby authorize the staff of the Lu Dawg Baseball Camp to act for me according to their best judgment in any emergency requiring medical attention, I hereby waive and release the Camp, Staff, and California Lutheran University from any and all liability for any injury or illness incurred while at camp. I have no knowledge of any physical impairment that would be affected by the above named camper's participation in the camp program, as outlined in the form. I also understand the camp retains the right to use for publicity and advertising purposes photographs of campers taken at camp.

**Parent or Guardian** \_\_\_\_\_ (Print Name) \_\_\_\_\_ (Signature)

**Tuition Fee:** Tuition includes instruction and T-shirt.

**Makes Checks Payable to Lu Dawg Baseball Camp**