

# LU-DAWG ★ BASEBALL

CALIFORNIA LUTHERAN UNIVERSITY

## Winter Camp 2018

Check Camp you wish to attend

December 26-28

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.

Camp Rate: \$125 per player

Makes Checks Payable to Lu Dawg Baseball Camp