

LU-DAWG★BASEBALL

CALIFORNIA LUTHERAN UNIVERSITY

Lu Dawg Winter Baseball Camps 2011

Check Camp you wish to attend

December 19-21

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: \$120.00 per player

Makes Checks Payable to Lu Dawg Baseball Camp