



## Westerville North Warriors 2017 Summer Baseball Camp

The Westerville North High School Warriors Baseball Program is hosting our annual Summer Instructional Camp **Monday June 26 through Thursday June 29, 2017** at Westerville North High School on Bernowski Field.

The camp will be conducted by the current Head Coach Sean Ring, the Warriors coaching staff, and past and present Warriors players. Our goal is to make learning the fundamentals of baseball fun and productive; while tailoring the instruction to the specific needs of the camp participant.

Pre-Registration begins March 6, 2017 through May 19, 2017 with the cost being \$65.

Late Registration begins May 20, 2017 through June 18, 2017 with the cost being \$75. (Walk-ups welcome but camp shirts will be based on availability)

All participants will receive a Warriors Baseball Camp Tee-Shirt (Late registrants will have shirt mailed or delivered to them)

**Camp Times: 9:00 am – 11:00 am for K to 4th grade, 11:30 - 1:30 for 5th to 9th grade (Friday June 30 same times will be rain date if needed)**

To reserve your player's spot in the Camp and receive a Tee-Shirt, please mail payment (please make checks payable to WNABC) and the registration form to:

Westerville North Baseball  
C/O Sean Ring  
950 County Line Rd.  
Westerville, Ohio 43081

T-Shirt Size:  Youth Medium  Adult Small  
 Youth Large  Adult Medium  Adult Large

Amount Enclosed: \_\_\_\_\_

### Baseball Camp Registration Form

Player Name: \_\_\_\_\_

Address  
\_\_\_\_\_  
\_\_\_\_\_

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

Email: \_\_\_\_\_

School/Grade 17-18 year  
School: \_\_\_\_\_ Grade: \_\_\_\_\_

**Injury and Insurance Release Statement:** I, the undersigned, individually and a parent(s) or guardian(s) of \_\_\_\_\_, a minor, ask that he be admitted to participate in the baseball camp sponsored by the Westerville North High School Baseball team. In consideration of such admission, I do hereby agree to release, discharge, and hold harmless the Westerville City Schools, Westerville North High School Baseball players, coaches, it officers, employees of and from all causes, liabilities, damages, claims or demands whatsoever on account of any injury or accident involving said minor arising out of the minor's attendance of the Baseball Camp or in the course of competition and/or activities held in connection with the Baseball Camp.

Signature of Parent / Guardian/Date \_\_\_\_\_

### Emergency Contact Information

Parent / Guardian Name

Daytime Phone

Evening Phone

Mobile Phone

**Consent Statement:** In the event reasonable attempts to contact the people listed have been unsuccessful, I hereby give my consent for the administration of any treatment deemed necessary by the preferred physician listed below, or by any other licensed physician and transfer of child to preferred hospital listed below or any other hospital reasonably accessible.

Preferred Physician Phone \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_