



Westerville North Warriors 2019 Summer Baseball Camp

The Westerville North High School Warriors Baseball Program is hosting our annual Summer Instructional Camp **Monday June 24 through Thursday June 27, 2019** 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 4, 2018 through May 24, 2019 with the cost being \$65.

Late Registration begins May 23, 2018 through June 17, 2018 with the cost being \$75. (Walk ups welcome but camp shirts will be delayed)

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 28 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, Memo line - baseball) and the registration form to:

**Westerville North Baseball
C/O Sean Ring
1104 Smoke Burr Dr.
Westerville, Ohio 43081**

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

Amount Enclosed: _____

Baseball Camp Registration Form

Player Name: _____

Address _____

Phone: _____

Email: _____

School/Grade 19-20 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: _____

Signature of Parent / Guardian/Date