



LEARN TO PLAY THE TIGER WAY

2018 TIGER BASEBALL CAMP Fundamental Camp for 3rd – 7th grade RED OAK HIGH SCHOOL GYMNASIUM

Red Oak High School Varsity Baseball Coach Mark Erickson along with assistant coach Nick Crouse will be leading the camp. Red Oak High School Varsity players will be at the camp to help demonstrate the fundamentals being covered. The camp will cover a variety of baseball fundamentals including instruction in the areas of hitting, fielding, base running, and pitching. Parents are invited to attend the camp to learn and understand the fundamentals being taught. Please dress in layers as camp will be held inside & outside (weather permitting.)

LUNCH BREAK: A lunch break will take place from noon – 12:45 p.m. Participants can leave for lunch or bring a sack lunch.

Camp Date:

Saturday, April 7, 2018 9:00 a.m. — 4:00 p.m. (Lunch break from noon – 12:45 pm)

Location:

Red Oak High School Gymnasium

Camp Fees

If Registering by April 3rd: \$25.00 If Registering after April 3rd: \$40.00

PROGRAM FINANCIAL ASSISTANCE AVAILABLE

Registration form on back.





Tiger Baseball Camp Registration (Or Register ONLINE @ www.MCYMCA.com/OnlineRegistration)

Participant name:	Birt	hdate//	GRADE:	-
Mailing Address:		City:	State: Zip:	-
Parent/Guardian name		Contact #	Alternate #	
Medical Insurance Company /	Policy Number:			
FEES: If Registering by April 3	3rd:: \$25.00	FEES: If Regist	ering after April 3rd: \$40	.00
THE UNDERSIGNED parent(s)/guard years, with understanding of the po Baseball Camp does/do hereby con	tential risks of injury to the c	hild by reason of the chil		
The potential risks of part		limited to, the risk of inj	ury to the child from contact v	vith other participants and
The parent(s)/guardian(s) parent(s)/guardian(s) have explained			that participation of the child any time to stop participation	-
By this consent and with the child by reason of the child's pa	· · ·	tion in the activity, the p	parent(s)/guardian(s) voluntaril	ly accept the risk of injury to
THE UNDERSIGNED provious participation:	de the following contact infor	mation to obtain consen	t to treat the child in the even	t of injury or illness during
Name	Address		Telephone No.	
If the contact person named above care and treatment and further nec				
Parent/Guardian Signature	Print	Name		Date
In Cooperation with the Cit	y of Red Oak Park & 1	Tree Board.		