



2016 Christmas Hitting Camp

Sunday December 18th & Monday December 19th

Print off Extra Forms at: www.bendhighbaseball.com

Session #1: Ages 7-11 1pm-330pm
 Session #2: Ages 12-14 4pm to 630pm

This two day baseball camp is an opportunity for the area youth to learn about the skills and fundamentals of hitting in a safe and structured environment. Players will participate in the same detail-oriented drills used by Bend Senior High School players in their own practices. Bend Senior High School coach Adam Randall, the Bend Senior High School coaching staff, and BSHS players will conduct the camp.

Location:

•BSHS Gyms and Indoor Hitting Facility (We will start as a group in the main gym each day)

What to bring:

- Bat, batting gloves (if necessary), Baseball pants, sweat pants
- Sweatshirt, hat, tennis shoes (Bend Baseball Clothes if you have them! We will have some for sale)

Director:

- Adam Randall, Head Baseball Coach, Bend Senior High School
- Questions? Contact Adam Randall, (503) 730-9922 adam.randall@bend.k12.or.us

Cost:

•\$70.00 includes a camp T-shirt (Please register by Dec 10th to ensure T-shirt)

Registration:

Complete the attached form and mail, with check payable to Bend HS BASEBALL. This camp is limited to the first 60 players in each session and will be filled on a first come, first serve basis. **Walk-ins will be accepted if space allows**

Cut here and mail in with Check/Cash

Mail to: Attn: Adam Randall
 Bend HS Baseball
 230 SE 6th St
 Bend, OR 97701

Player's Name: _____ Age _____ Grade _____
 School _____
 Parent's Name _____ Parent Phone # _____
 Parent Email _____
 Emergency Contact _____ Phone # _____
 Home Address _____
 City _____ State _____ Zip _____

Please Circle One:	
Session 1 Age 7-11	Session 2 Age 12-14

Please Circle T-shirt Size: Adult S M L XL XXL Youth S M L **SIGN UP EARLY TO ENSURE YOU GET A SHIRT**
MEDICAL RELEASE

I understand that the coaches will use their best judgment in determining emergency care and procedures. I also understand that the coaches have no provision for expenses incurred in carrying out emergency procedures and emergency transportation. In case of illness or accident to the student named above, the coaches are authorized to obtain immediate medical treatment. I hereby release the coaches from all liability associated with the actions taken in good faith by the coaches in providing or obtaining emergency treatment. *My signature below indicates my understanding of this medical release and authorizes my child to participate in camp activities organized by bend coaches & staff.*

Parent or Guardian Signature _____ Date _____

Funds raised will be used for facility improvements, new gear, uniforms, coaches, and out of state trips