

"KAMIAK BASEBALL CAMP 2019" SPONSORED BY KABC

SPEND YOUR SPRING BREAK TRAINING WITH THE KAMIAK BASEBALL TEAM

AGES: 7-11 DATES: Monday April 8-Wednesday April 10 TIME: 9:00AM - 2:00PM

LOCATION: KAMIAK HIGH SCHOOL BASEBALL FIELD and GYM COST: \$100.00 (\$105.00 if using a credit card)

SKILLS TAUGHT

Throwing, catching
Hitting, bunting
Base running
Sliding, defense
Pitching, **TEAMWORK**

EQUIPMENT PROVIDED

Pitching machines
Batting tees
Helmets
Balls, catchers gear

EQUIPMENT NEEDED FROM CAMPER

Glove
Shoes (indoor and outdoor)
Warm clothes
Jacket
Lunch (12:00-12:30)

INSTRUCTORS/CAMP SUPERVISORS

Kevin Agnew	Head Coach
Jay McArthur	Asst. Coach
Terry Agnew	Asst. Coach
Shane Neighbors	Asst. Coach
Wayson Vannatta	Asst. Coach

REGISTRATION:

To Guarantee T-Shirt Size - Send your completed form and fee in by **APRIL 5th**
Walk up registration accepted if space allows

Secure your spot in "KAMIAK SPRING BREAK BASEBALL CAMP" by sending your registration form and payment (checks payable to KABC, notation Spring Break Camp) to:

NORM HARSHAW, REGISTRATION COORDINATOR, 14509 47TH PLACE W., LYNNWOOD WA 98087

Pay with credit card @ KABC's website: <https://kabcinfo.wixsite.com/kabc/home#!>. Click DONATE & specify Spring Break Camp in the notes. Complete the form and mail to the address above or email to normharshaw@gmail.com

IF YOU HAVE ANY QUESTIONS PLEASE CALL KEVIN AGNEW AT (206) 954-0659 or EMAIL agnewkr@mukilteo.wednet.edu

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REGISTRATION FORM

NAME _____ AGE _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

DAY PHONE _____ EMERGENCY PHONE _____

Parent Name(s) _____ Email: _____

TEE SHIRT SIZE (youth sizes unless specified) _____ LITTLE LEAGUE LEVEL _____

I UNDERSTAND THAT THE "Kamiak Baseball Camp" DOES NOT PROVIDE MEDICAL INSURANCE NOR WILL IT BE RESPONSIBLE FOR MEDICAL EXPENSES. I HEREBY AUTHORIZE THE DIRECTORS OF THE CAMP TO ACT FOR ME ACCORDING TO THEIR BEST JUDGEMENT IN ANY EMERGENCY REQUIRING MEDICAL ATTENTION AND I HEREBY WAIVE AND RELEASE THE CAMP FROM ANY AND ALL LIABILITY FOR ANY INJURIES WHILE AT CAMP. I ALSO CERTIFY THAT MY CHILD IS MEDICALLY FIT TO PARTICIPATE IN THIS PROGRAM.

X _____ **PARENT or LEGAL GUARDIAN**

Pre-registration is important! There are no confirmations - your cancelled check or credit card confirmation is your receipt.

For copies of this form Visit - <http://www.eteamz.com/kamiakbaseball/>

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