## 2023 BIRDVILLE BASEBALL

## SUMMER CAMP



Date: Tuesday, May 30- Thursday, June 1 Ages 8-14 Cost: \$85 Pre-Register / \$95 Walk Up

Times: 9:00 -12:00 All Days (3 Day Camp due to Memorial Day)

Sight: Birdville Baseball Field

## PRE REGISTER BY MAY 20 TO ENSURE YOU RECEIVE A CAMP SHIRT/ CAMPERS REGISTERED AFTER THIS DATE MAY NOT RECEIVE A CAMP SHIRT.

This camp is sponsored by the Birdville High School Baseball Staff. Basic fundamentals of baseball will be stressed including infield play, outfield play, hitting fundamentals, base running, and pitching. Campers will receive a camp T-shirt, and need to dress appropriately for camp. Shorts will work as proper attire as well as well as baseball hats. Cleats and baseball pants are optional.

Each participant will be expected to bring their own water bottle which can be refilled during the camp.

For any further questions, please contact Vance Bonner by phone at 817 547-8356 or by e-mail at vance.bonner@birdvilleschools.net.

PAYMENT: Please mail or drop off the information below with cash or your check (Checks made out to Vance Bonner) to Vance Bonner C/O Birdville High School, 9100 Mid Cities Blvd, North Richland Hills, TX 76180.

(You may pay by Venmo as well at @Vance-Bonner)

Birdville Hawks Baseball Camp Campers Name\_\_\_\_\_ T-Shirt Size (Youth/Adult)\_\_\_\_\_ Address \_\_\_\_\_ City\_\_\_\_\_ Zip \_\_\_\_\_ School Parent Guardian Name\_\_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_\_ Emergency Contact \_\_\_\_\_ E-Mail Age/Grade:

## PARENTS/GUARDIAN PLEASE READ AND SIGN

I hereby give my permission for my child to participate in the Birdville High Baseball Camp. This authorization shall waive, release and absolve the Birdville Baseball Camp Staff from any liability for injury or illness incurred at the camp. I give the staff permission to act according to its best judgment in any emergency. I also certify that the above applicant has no physical problems, which would impede their participation at the camp. I also understand that parents are solely responsible for ALL medical expenses due to injury or illness incurred by the camper while at camp.

Parent or Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_