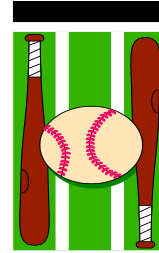


2022 CHURCHILL BASEBALL CAMP



WHEN: JUNE 21, 22, 23 FEE: \$50 (after June 1- \$55)

- **AGES: 7 (before Sept. 1) – 14yrs. 9:00am-12:00pm**
- **CHS Coaches: Lawrence Scheffer, Coaching Staff & Players**
scheff28@yahoo.com (C) 734-564-7400

- **Camp includes group and individual instruction in all phases of the game. Includes: throwing, fielding, pitching, base running etc.**
- 1. **MEET** at Churchill Baseball field unless inclement weather, meet in Field House
- 2. **APPAREL:** shorts or baseball pants and t-shirt.
- 3. **BRING:** glove, bat - optional.

CHURCHILL BASEBALL CAMP (Boys)

\$ 50 (After June 1 - \$55) AGE: _____ BIRTHDATE: _____

Last Name: _____ First Name: _____

Address: _____ City _____ Zip _____

Parent Name(s): _____

Phone: H _____ Parent Cell # _____ Work # _____

E-MAIL: _____

REGISTRATION/LIABILITY

Return to: Lawrence Scheffer, Churchill H.S., 8900 Newburgh Rd., Livonia, 48150

Phone: 734-564-4700 E-mail: scheff28@yahoo.com

Cash or Checks made payable to: Churchill High School

I hereby and herein authorize the Director of the Churchill Baseball Camp, or any staff working on camps behalf, to act in my stead for the purpose of acquiring emergency medical attention for my son or ward. I impose upon the assumptors of this duty the responsibility to act with reasonable care and caution and release and waive all liability for any injuries and illness incurred while at the camp in the event the same is performed pursuant to such standard. By my signature hereunder, I warrant that my son or ward is in good physical condition, has no undisclosed medical problems, illnesses or disabilities, and is capable of full and active participation in the baseball camp. I also represent that my son or ward has received a physical within the last year and is medically competent to participate in the activities at the camp.

Signature of Parent or Guardian: _____