

2010 SUMMER BASEBALL CAMP

Hosted by:

BREINIGSVILLE YOUTH ASSOCIATION

**This Camp Sells
Out Every Year!
Limited To Only
50 Players.**

What: 4 day all-skills baseball camp including live games; ages 8 to 14
When: August 16 – 19 (rain makeup day: August 20)
Time: 9:00 pm to 1:30 pm
Where: Earl Adams Memorial Park (Breinigsville Park)
Cost: Early Registration Special: \$95 by July 18th ; \$115 After July 18th
(Two family member discount: \$90 each)



“Quality Baseball Clinics and Camps Since 2005”

Coach Blake Barthol and Coach Steve Rau of Play Ball Academy will be leading the instruction in this all-skills, 4 day summer baseball camp.

- Summer Baseball Camp Includes:
- Over 18 hours of hands-on instruction
- 6:1 player to coach ratio
- FREE T-shirt to all participants
- Live instructor lead games
- Fun competitions with prizes awarded
- Fully insured

Portion of the proceeds benefit the BVETS Youth Association. Sponsored by: PlayBallAcademy.com

Player Name: _____ DOB: _____ 2nd Child: _____ DOB: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Home Phone: _____ Emergency #: _____ Email: _____

Parent/Guardian Name: _____

By signing below, I acknowledge the above information is correct and as the parent or legal guardian with full responsibility for the care of our child/ custodial child listed above, in consideration for the opportunity for our child to participate in a program provided by Breinigsville Youth Association and Play Ball Academy; and intending to be legally bound hereby, the undersigned waives any and all rights of our child, and releases Breinigsville Youth Association and Play Ball Academy, and its coaches relating to and from any all claims or liability that may arise from any injuries or harm suffered by our child caused by or occurring during our child's participation in the program. The undersigned grants permission for Breinigsville Youth Association and Play Ball Academy, and its coaches, to provide emergency care for our child as Breinigsville Youth Association and Play Ball Academy deems necessary. The undersigned shall directly, or indirectly through insurance coverage, assume financial responsibility for any medical charges incurred on behalf of care of our child. By signing below, I give Play Ball Academy permission to use any photographic or video footage of our child for marketing purposes.

Parent/Guardian Signature: _____ Date: _____

Make check payable for the total amount to:

BVETS
P. O. Box 441,
Macungie, PA 18062

Pay securely online at: www.PlayBallAcademy.com