

2018 SNAPPERS BASEBALL CAMPS

When: July 18th and July 19th from 9am-Noon

Where: Pohlman field
2301 Skyline Dr.
Beloit, WI 53512

Who: Kids Ages 7-14

Registration: \$55/child one camp



Equipment Needed: Each camper will need to provide their own glove and tennis shoes

Snappers players/coaches will provide professional instruction. The instructor ratio will be approximately 10 to 1. Players are available to answer questions and sign autographs.
BONUS: All camp participants will receive an official camp T-shirt and complementary ticket to a Snappers Baseball game. Lunch will be provided for the campers during the camp.

YES! I want to be part of the 2018 Snappers Baseball Camp

_____ Enclosed is my check for \$55.00 for the first two-day general camp (July 18th & July 19th)

Name (s) of Participant(s): _____

Parents Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Email: _____

Home Phone: _____ Participants Age: _____ Shirt Size: _____

Emergency Contact: _____ Phone: _____

Snappers Baseball Camps *The Snappers accept cash, check, MasterCard, Discover, & Visa
Attn: Jessica Swartz **Credit Card #** _____
P.O. Box 855 **Expiration Date:** _____ **Security Code:** _____
Beloit WI, 53512

Signature: _____

BELOIT SNAPPERS CAMP WAIVER

The Applicant, for and in consideration of the Beloit Snappers Baseball Camps accepting said Applicant, hereby release and discharge the Beloit Snappers, the Oakland Athletics, the City of Beloit and the Beloit Parks Department, and their representatives, employees, and agents from any and all claims, demands, actions, damages, causes of action, judgments, and suit of any kind (together referred to hereafter as "Claims") which may directly or indirectly arise out of or result from the Applicant's attendance and or participation in the Snappers Baseball Camps, and hereby agree to indemnify and hold harmless the Beloit Snappers, the Oakland Athletics, the City of Beloit and the Beloit Parks Department, and their representatives, employees, and agents against any and all claims related thereto.

Parent/Guardian Signature _____

Emergency Contact Person _____

Emergency Phone Number (s) _____

Is your child allergic to any medication or insect stings?

Yes or No

If yes, please indicate in detail what it is:

Is your child diabetic? Yes or No

Does your child have disabilities or taking any medication that we should know about?

If yes, please explain:

Beloit Snappers
P.O. Box 855
Beloit, WI 53511
608-362-2272
www.snappersbaseball.com