

SUMMER BASEBALL CAMP

Date: July 19-20

Ages: 4-6

Times: 6 PM-8 PM

Location: Lenz Sports Complex in Jacksonville, IL. Located on West Walnut just west of Passavant Hospital.

Instructors: Former Collegiate coaches and players. Lead instructors: JD Long, Bill Strubbe & Colby Bunner.

Fee: \$60 Per camper includes T-shirt

Camp Schedule ..

5:30 p.m.	Check in/early hitting in cages
6:00 p.m..	Strech
6:10 p.m.	stations
7:00 p.m.	water break
7:10 p.m.	stations
7:50 p.m.	water break
7:55 p.m.	stations
8:00 p.m.	pick-up

Parking for Lenz Sports Complex:

TO ENTER LENZ SPORTS COMPLEX GO TO THE CORNER OF WESTGATE AND WALNUT AND GO NORTH AT THE STOP LIGHT, LIKE YOU ARE ENTERING THE HOSPITAL. HEAD NORTH PAST THE HOSPITAL TO THE LAST GRAVEL PARKING LOT ON YOUR LEFT, WHICH IS THE LOT FOR LENZ SPORTS COMPLEX.

CAMP REGISTRATION

Registration must be received in the mail by Wednesday, July 7, 2010. To accept an application after this date you must call the Lenz Field staff at (217) 479-8543 to arrange registration.

Name (Child): _____ Age: _____

Session \$40

Phone: _____

Address: _____

Tuition Cost of the camp is \$40. A camp t-shirt will be provided for each participant. (Please check one for each child.)

Youth: S___ M___ L___ Adult: S___ M___ L___ XL___ XXL___

Make checks payable to Lenz Field LLC. Total Amount: \$ _____

Each participant's guardian must carry his/her own insurance as the camp will not be responsible for accidents.

I hereby state that I have obtained my own policy of insurance providing hospital and medical coverage of my children in connection with the Lenz Field Baseball Camps. I release Lenz Field LLC and the camp staff from any liability.

In the event of an injury to my child(ren) and I cannot be reached immediately, I hereby authorize the coach in charge to provide such first aid treatment as deemed necessary and advisable, including hospitalization. I shall be notified as soon as possible of any such action.

Please list any conditions or allergies that we need to be aware of

Parent/Guardian's Name: _____ Phone: _____

Signature: _____ Date: _____

Mail this form and payment to: Lenz Field LLC
5 Kelly Street
Jacksonville, IL 62650