

## SUMMER BASEBALL CAMP

**Date:** July 19-21

**Ages:** 7-12

**Times:** 9am-NOON

**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 ..

8:30 a.m. Check in/early hitting in cages  
9:00 a.m. Strech  
9:15 a.m. stations  
10:03 a.m. water break  
10:15 a.m. stations  
11:03 a. m. water break  
11:15 a.m. stations  
11:55 a.m. pick-up  
NOON: Camp Ends

### 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 \$60

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Tuition Cost of the camp is \$60. 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___
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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