



**June 11-13 2018 M-W**

**Session 1:** Grades 1-6

9:00 am-11:30am

Day 1 Registration at 8:30am

**Session 2:** Grades 7-10

12:30 pm-3:00pm

Day 1 Registration at Noon

**Cost of Camp**

\$65 Per Camper by May 25th

\$70 Per Camper after May 25th

Make checks payable to:

**Clovis North Baseball**

**Mail player application to :**

**Clovis North Winter Baseball Camp**

**C/O Jeff Prieto**

1926 Decatur Ave Clovis 93611

# **CLOVIS NORTH SUMMER BASEBALL CAMP**

To be held at

**Clovis North High School  
Bronco Stadium**

**Players & Coaches**

**Jeff Prieto** Clovis North Head Coach

**Brian Oliver** Clovis North Hitters

**Zack Colby** Clovis North Infielders

**Brandon Simon** Clovis North Outfielders

**Koby Cummings** Clovis North, JV Head

**Paul Babcock** Clovis North, FR Head

In accordance with CIF bylaw 207, any athlete who transfers from School "A" to School "B" after having prior contact, during the previous 24 months, either directly or indirectly with school "B" prior to enrollment shall not be eligible at School "B" for 365 days from initial date of enrollment. This includes this camp, clinic, AAU, club team, and/or workouts.

## **Player Application**

Players Name: \_\_\_\_\_

Grade: \_\_\_\_\_ Age: \_\_\_\_\_

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

City: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Session 1 \_\_\_\_\_ OR Session 2 \_\_\_\_\_

Shirt Size: Youth M L XL

Men's S M L XL XXL

### **Medical Consent Form**

Parents Name: \_\_\_\_\_

Home PH #: \_\_\_\_\_

In Case of Emergency Contact:

\_\_\_\_\_

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

Name of Family Doctor:

\_\_\_\_\_

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

We/I hereby give lawful authorization to any persons affiliated with the Clovis North Winter Baseball Camp authorization or consent which my child cannot legally give by reason of their physical condition, legal age or other cause, and by which may be required to obtain medical aid, attention, care, treatment and or hospitalization for said child I the event of a medical emergency.

I understand that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required, but is given to provide authority to said agent in case of medical emergency.

This authorization is given pursuant to the provisions contained in Section 25.8 of the Civil Code of California.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please return by May 25, 2018

Please label all equipment. Batting Gloves are recommended. The Clovis North Winter Baseball Camp is not responsible for lost equipment.



