

WESCLIN WARRIORS MS BASEBALL CAMP

Grades 3-8 for the 2017-2018 School Year
(Wesclin Students Only)

3rd-5th 8 am—10 am

6th-8th 10 am—12 pm

Hosted by Middle School Coaches:

Bill Dunning, Brian Berberich, Justin Dunning

Trenton City Park

Jr. High Field #2

July 18-20, 2017

Rain Location: Wesclin MS Gym

To register complete the following information below and make check payable to Wesclin Middle School.

Please return the registration form and payment to the Wesclin Middle School Officer or by mail to:

WMS 10003 State Route 160 Trenton, IL 62293 ATTN: Justin Dunning

Early Registration Deadline: July 10: cost is \$40 | After July 10: cost is \$45

Name _____ Grade _____ Guardian _____

Email _____ Phone Number _____

Emergency Contact (*other than above*) and Phone Number _____

Health Concerns _____

Shirt Size (*circle one*) YS YM YL AS AM AL AXL

Waiver - As the parent/guardian of the participant, I _____, hereby grant permission for my child/ward to participate in the Wesclin Middle School Baseball Camp and represent he is physically able to participate in the camp activities. In consideration of the applicant's being allowed to participate in the camp, thereby release the camp, Wesclin School District, Wesclin Middle School, coaches, and volunteers from all claims resulting from illness, injuries or other damages which may be sustained by my child/ward during the attendance at the camp. I understand that any or all cost of any medical care deemed necessary for the treatment of my child/ward is my responsibility and the camp personnel and or district/school is not obligated to pay for medical care. I understand and agree if any illness, injury, medical emergency occurs which, in the sole judgment of the camp sta- personnel or medical service personnel (includes athletic trainer), I hereby give consent to any member of camp personnel to provide medical care for my child/ward as the sta- member decides is needed. I hereby assure and hold harmless the camp sta- personnel, the district/school from any and all cost, expenses, damages, or liabilities arising from any acts or omission of sta- member/medical care provider and by reason of my child(s)/ward(s) participation in the camp.

Parent/Guardian Signature _____

Date: _____