



# MEMORIAL BASEBALL CAMP 2010



- WHAT:** The Elkhart Memorial High School coaching staff and players will be conducting a summer camp for current 2<sup>nd</sup> through 8<sup>th</sup> graders.
- WHEN:** Monday, June 14th through Thursday, June 17th
- SESSIONS:** One session from 1:00 to 3:00 p.m.  
Campers will be split up age accordingly for activities.
- COST:** \$30.00 (Please make checks payable to ***Charger Summer Baseball.***)
- WHERE:** Memorial HS Baseball Fields (Please arrive by 12:50 each day.)  
Camp will be moved indoors if necessary.
- ATTIRE:** Please wear sweats or baseball pants, t-shirt, and cleats or tennis shoes. Please bring tennis shoes, incase weather forces us indoors.

**Early registration is encouraged. Applications are due Thursday, June 3<sup>rd</sup> to guarantee a t-shirt, but registration will remain open until the first day of camp.** The clinic will feature instruction in all areas of the game. Any questions concerning the camp can be e-mailed to head coach Scott Rost at [strost@elkhart.k12.in.us](mailto:strost@elkhart.k12.in.us) or if necessary call 361-5702.

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## ELKHART MEMORIAL BASEBALL SUMMER CAMP REGISTRATION FORM

Name \_\_\_\_\_ 2009/10 Grade \_\_\_\_\_

Address \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone or Cell \_\_\_\_\_ Emergency Phone \_\_\_\_\_

E-mail Address \_\_\_\_\_ T-shirt Size    YM    YL    S    M    L    XL    XXL

This is a release between the parents of \_\_\_\_\_ and the Elkhart Community Schools. It is understood by our family that our child is physically fit and able to voluntarily take part in this athletic camp at Memorial High School. Insurance coverage for our child is our responsibility and not that of the Elkhart Community School Corporation. In case of injury, it is our responsibility to seek treatment and be responsible for any expenses for said treatment and not hold the Elkhart Community Schools responsible for said expenses. In case of accident and if school authorities cannot contact me: I authorize them to contact a physician and/or hospital to request immediate treatment with the understanding that such authorization does not obligate the school and its representative to assume financial responsibility. I have the following kind of insurance protection for my child: (Check one) \_\_\_\_\_ My private or group program \_\_\_\_\_ No program. I shall be responsible for all expenses.

\_\_\_\_\_  
PARENT SIGNATURE

\_\_\_\_\_  
DATE

**Make checks payable to: Charger Summer Baseball**

**Send to: Attn: Scott Rost, Elkhart Memorial HS, 2608 California Road, Elkhart, IN 46514**