Indoor Baseball/Softball Training Center

2009 SUMMER BASEBALL CAMP

Baseball Plus will feature summer camps on Keene Street Field in Duxbury, MA. The camp will have Half Day and Full Day programs and consists of…

- **4 fun days of instruction covering all baseball fundamentals.**
- **Daily baseball games. Experienced, professional staff with low camper to instructor ratio.**
- **Spacious outdoor complex with multiple fields.**
- **FREE Baseball Plus T-Shirt for each participant.**
- **Lunch and drinks available for purchase.**

Camp Dates: ***June 22-25, June 29 - July 2, July 6-9, July 13- 16, July 20-23, Aug 3-6 and Aug.*****10-13**. Camps start at 8:30 to 3:30 PM for Ages 8-12 and the cost is ***$150.00***. For Ages 5-7, camp hours are 8:30- 12 PM .The cost for this age group is ***$80.00***. All campers attend 4 days per weeks with the rain make up day on Friday of that week. The cost includes a T-shirt!!

Circle choice: **June 22-25** **June 29- July 2** **July 6-9** **July 13-16**

July 20-23 **August 3-6** **August 10-13**

Player's Name: _____ Age _____ T Shirt Size_____

Address: _____ City: _____ Zip_____

Home Phone: _____ E-mail address _____

Parents or Guardian Information

Name: _____

Work Phone: _____ **Cell phone:** _____

I hereby certify that my child is in good health and has my permission to participate in this program. I also give my permission for my child to receive any diagnostic, therapeutic and/or operative procedures as deemed necessary if emergency treatment is required and I cannot be reached. I realize that this sport involves the potential for injury, and I acknowledge that even with the use of protective equipment and observance of the rules, injuries may still occur.
I hold harmless, Baseball Plus, including any individual, group, organization or corporation that directly or indirectly organized, sponsored, contributed, licensed or volunteered their efforts to this event, from all liabilities, damages, claims or demands whatsoever on whatsoever on account of any injury or accident involving the student arising out of participation in this program.

Please Sign:_____ **Date:** _____

Make checks payable to: **"Baseball Plus"** and mail or return to **Baseball Plus, 835 Plain St. Marshfield, MA 02050** **www.baseballplus.org**