



Please be sure to check session(s) attending:

4-week Session
 July 9 – August 3...\$700.00

2-week Session 1
 July 9 – July 20...\$400.00

2-week Session 2
 July 23 – August 3...\$400.00

Any 1 week...\$275.00

Any 3 weeks...\$600.00

Circle week(s) attending... 1 2 3 4

Amount enclosed \$ _____

Completed applications should be mailed to: Cardinal Baseball Camp, LLC
16 Ridge Road
Cos Cob, CT 06807

Camp Features

Skills & Rules instruction daily
Games played daily

Water & Gatorade® will be provided.

Bring baseball glove. Wear gym shoes or rubber baseball cleats only.

In case of inclement weather, please check website! *Make up sessions will be held as double sessions the following day.*

Registration Form

Camper _____

Address _____

City, State _____ Zip _____

Birth date _____

Parent(s) _____

Home phone _____

Work phone _____

Cell phone _____

Email _____

Camp Tuition Must Accompany Application

Make checks payable to
Cardinal Baseball Camp, LLC

Refunds will not be issued after

July 9th

Parent Authorization

I hereby approve my child's participation in the Cardinal Baseball Camp, and certify that s/he is in good health and able to participate. I hereby authorize that the staff to act for me according to their best judgment in an emergency requiring medical attention. I know of no health issues that may affect my child's ability to safely participate in all activities. I understand that I will be responsible for all payments associated with any medical emergencies occurring at Cardinal Baseball Camp. The staff of Cardinal Baseball Camp will contact me immediately should any medical emergency arise. If I am not available, I authorize you to contact:

Emergency Contact _____

Contact's phone _____

Family Physician _____

Physician's phone _____

Special Medical Conditions _____

Insurance Co./Policy # _____

Parent/Guardian Signature _____