

**Please be sure to check week(s) attending:**

- June 26<sup>th</sup>-June 30<sup>th</sup>
- July 5<sup>th</sup> – July 7<sup>th</sup>\*\*\* (3-day week for holiday)
- July 10<sup>th</sup> – July 14<sup>th</sup>
- July 17<sup>th</sup> – July 21<sup>st</sup>
- July 24<sup>th</sup> – July 28<sup>th</sup>

**Pricing**

1 full week ----- \$300.00  
 2 full weeks ----- \$500.00  
 3 full weeks ----- \$700.00  
 4 full weeks ----- \$850.00  
 Total 5 weeks (23 days)---\$925.00

**\*\*\*Week 2 is a 3-day week for \$180**  
**\*If attached to 1 full week--- (\$450 total)**  
**\*If attached to 2 full weeks- (\$625 total)**  
**\*If attached to 3 full weeks- (\$800 total)**

**\*New this year: SIBLING DISCOUNT of 10% off for only weeks siblings attend together.**

**Questions? Call: 203-869-3736 or Email:**

**cardinalbbcamp@aol.com**

**Amount enclosed \$ \_\_\_\_\_**

**Make checks payable to  
 Cardinal Baseball Camp, LLC**

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

# 2017 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 cardinalbaseballcamp.com**

*Make up sessions will be held in the afternoon (12:30-3:30) or as double sessions the following day.*

# Camper Information

\_\_\_\_\_

Camper

\_\_\_\_\_

Address

\_\_\_\_\_

City, State, Zip Code

\_\_\_\_\_

School

\_\_\_\_\_

Birth Date (M/D/YY)

\_\_\_\_\_

Age

\_\_\_\_\_

Parent/Guardian

\_\_\_\_\_

Home #

\_\_\_\_\_

Cell #

\_\_\_\_\_

Email (receipt of registration will be emailed)

**Refunds will not be issued after  
 June 26<sup>th</sup>**

# Parent Authorization

I, the parent/guardian of the registrant, a minor, agree that the registrant and I will abide by the rules of Cardinal Baseball Camp. Recognizing the possibility of physical injury, associated with baseball and in consideration for Cardinal Baseball Camp accepting the registrant for its programs and activities, I hereby release, discharge and/or indemnify Cardinal Baseball Camp, coaches, its affiliates, organizations, their employees and associated personnel, including the owners of the fields and facilities used for the programs, against any claims by or on behalf of the registrants as a result of the registrant's participation in the programs. I authorize use of player photos on the Cardinal Baseball Camp website.

\_\_\_\_\_

Emergency Contact

\_\_\_\_\_

Contact's #

\_\_\_\_\_

Pediatrician

\_\_\_\_\_

Pediatrician's #

\_\_\_\_\_

\*Special Medical Conditions:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Parent/Guardian Signature

\_\_\_\_\_