



Please be sure to check session(s) attending:

- July 7 - Aug. 1...\$700.00
- July 7 - July 18...\$400.00
- July 21 - Aug. 1...\$400.00

Amount enclosed \$ _____

School attended during 2007-2008 school year

Camp Features

- Skills instruction daily**
- Rules instruction daily**
- Games played daily**

Beverages will be provided.

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

In case of rain, make up days will be held the week of August 4th.

Registration Form

Camper _____

Address _____

City, State _____ Zip _____

Birth date _____

Parent(s) _____

Home phone _____

Work phone _____

Cell phone _____

Email address _____

Camp Tuition Must Accompany Application

Make checks payable to
Cardinal Baseball Camp, LLC

Entry Deadline is June 30th

Refunds Will Not Be Issued After June 30th

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 _____

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