

Please be sure to check week(s) attending:

- June 25th - June 29th
- July 2nd – July 6th ***
- July 9th – July 13th
- July 16th – July 20th
- July 23rd – July 27th

Pricing

- 1 full week ----- \$325.00
- 2 full weeks ----- \$550.00
- 3 full weeks ----- \$750.00
- 4 full weeks ----- \$900.00
- 5 full weeks ----- \$1000.00

*** There will be no camp on July 4th.
July 5th will be a double session.

SIBLING DISCOUNT of 10% off for only weeks siblings attend together.

Questions? Email:

cardinalbbcamp@aol.com

Amount enclosed \$ _____

Please 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

2018 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 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 25th**

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
