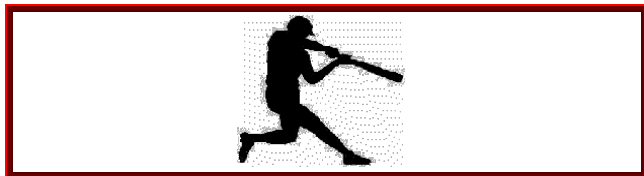


SANTA ROSA JUNIOR COLLEGE



BASEBALL CAMP WINTER 2011

CAMP DATES TIME AGES

DECEMBER 27,28,29 9:00AM-1PM 7-15 YRS
THE FIRST 20, 13-15 YR OLDS WILL BE ACCEPTED
FOR MORE INFORMATION CONTACT
DAMON NEIDLINGER @ 527-4389 OR
DNEIDLINGER@SANTAROSA.EDU

CAMP FEATURES

- New Baseball Facility (Turf field, dugouts, batting cages & Tee stations)
- Individualized instruction with an emphasis on advancing current offensive and defensive skills
- Personalized instruction from a highly qualified staff of college and high school coaches.
- A ratio of six campers per instructor
- Camp T-shirts
- Drinks will be provided
- Bring snack/lunch
- Bring glove & Bat (marked)
- Late morning scrimmages
- **INDOOR SHOES (In case of Rain)**
- Indoor facility available

Staff

- Damon Neidlinger (Directors)
SRJC Head Baseball Coach
- Ben Buechner SRJC Assistant
- SRJC Current Players/Past Players



Reporting Information

- Location: SRJC Sypher Field (turn off Armory Drive at entrance marked "Shipping and Receiving")
- When To Report: Check-in at 8:45 a.m. on the first day of camp
- Camp Hours: 9 a.m. to 1:00 p.m.
- Parents are not required to stay

Camp Tuition \$80

Please fill out the following form
 Checks payable to:
 SRJC Foundation- Baseball

Mail your enrollment application & check to:
 SRJC Baseball Camp
 1501 Mendocino Ave.
 Santa Rosa, CA 95401

Enrollment Application Check camp attending

December 27-29, 2011 (7-15 years old)

DOB: _____ Age _____ Email _____

Parent/Guardian's Name _____

Parent/Guardian's daytime phone# _____

Emergency contact name _____

Emergency phone# _____

T-shirt size :(circle one) YM YL AS AM AL AXL

Medical History

This must be filled out and signed by the parent or guardian before a child will be able to participate. Is there any history of: (please circle)

Medical conditions currently under treatment	yes	no
Any pre-existing injuries	yes	no
Fractures or other disability-type injuries	yes	no
Allergies or asthma	yes	no
Mental disorders or convulsions	yes	no
Known past illness of more than one week	yes	no
Contact lenses/glasses	yes	no

Explain any questions answered yes _____

Medical Authorization

Name of Participant _____ has my permission to participate in the 2011 SRJC Winter Baseball Camp at Santa Rosa Junior College, December 27-29, 2011 from 9:00am-1:00pm.

In the event of illness or injury, I do hereby consent to whatever x-ray, examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care are considered necessary in the best judgment of the attending physician, surgeon, or dentist and performed by or under the supervision of a member of the medical staff of the hospital or facility furnishing medical or dental services. Resulting expenses are the responsibility of the undersigned parent/guardian. As stated in California Code of Regulation, Subchapter 5, Section 55450, I understand that I hold Sonoma County Junior College District, its officers, agents and employees harmless from any and all liability or claims, which may arise out of or in connection with my son's/daughter's participation in this activity.

I fully understand that participants are to abide by all rules and regulations governing conduct during this activity. Any violation of these rules and regulations may result in that individual being sent home at the expense of his/her parent/guardian.

Parent/Guardian Signature: _____ Date: _____

Address: _____ City: _____ Zip: _____

Medical Insurance Carrier Policy # Address

A special note to Parent/Guardian: (1) All drugs must be registered on this form; (2) all drugs, except those which must be kept on the participant's person for emergency use, must be kept and distributed by the staff; (3) (____) check here if there are no special problems that the staff should be aware of and no drugs are required while participating; (4) If any medication or drugs are to be taken by participant, list them here: (Name of drug/reason) _____
 If your child has a special medical problem, kindly attach a description of that problem to this sheet.

