

# 2011 Boise Gems Christmas Hitting Camp



**Camp Dates:** December 16th, 17th & 18th

**Location:** Boise Gems Hitting Facility behind Timberline High School

**Camp Times:** Group 1 Friday 3pm-5pm, Sat. & Sun. 9am - 11am Ages 8 - 12

Group 2 Friday 5:30pm - 7:30pm, Sat. & Sun. 11:30am - 1:30pm Ages 13-15

All Campers will be sent a confirmation of time once registration is received.

**Camp Cost:** \$50.00 per Camper. Check or Cash must be submitted with Registration. Please make checks payable to the "Boise Gems". Send payments to 582 E. Boise Ave. M236 Boise, ID 83706

**Campers please bring a bat and batting helmet if you have one.**

**Coaching & Instruction will be provided by Nick Jorgensen (Boise Gems Coach) as well Gems Alumni and Players.**

**If you have questions please contact Gary Jorgensen @ 208-761-3079**

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## Registration

**Camper Name:** \_\_\_\_\_

**Age:** \_\_\_\_\_

**Parent or Gaurdian Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Home Phone Number :** \_\_\_\_\_ **Cell Phone Number:** \_\_\_\_\_

**E-Mail Address:** \_\_\_\_\_

**Parent or Guardian Signature:** \_\_\_\_\_

### Boise Gems Christmas Hitting Camp Waiver and Release

In consideration of the acceptance of this application for the Boise Gems CHRISTMAS HITTING CAMP, I am aware of and understand the potential dangers of participating in sporting activities. I understand that catastrophic injury or accident can occur through participation in Baseball. I freely and voluntarily assume all such risks and consent to my son/daughter participation in the Boise Gems CHRISTMAS HITTING CAMP. I, intending to be legally bound hereby for myself, my heirs, executors and administrators, waive and release any and all rights and claims which I may have now or in the future against Boise Gems and its representatives, respective agents, board of directors, for all damages which may be sustained in connection with me or my son or daughter's association with any portion of this camp or related activities. I know of no medical or physical problems that may affect me or my child's ability to participate safely in this camp. I hereby give my consent to the camp staff to attend to any health problems or injury my son may incur while attending this camp. Further, I give my consent for medical treatment and permission to the attending physician to hospitalize, secure proper treatment, and order injections, anesthesia, or surgery. I accept full responsibility for the cost of any medical or other charges in connection with my/ my child's attendance at camp. BY SIGNING THIS FORM, I ACKNOWLEDGE THAT I HAVE READ THIS WAIVER AND RELEASE FORM AND UNDERSTAND ALL OF ITS TERMS. I SIGN THIS RELEASE VOLUNTARLY AND WITH FULL KNOWLEDGE OF ITS SIGNIFICANCE.