



# 8<sup>TH</sup> Annual Liberty Baseball Winter Camp



Monday, December 20<sup>th</sup> and Tuesday, December 21<sup>st</sup> for Kids K -5<sup>th</sup> Grades (\$65)

Wednesday, December 22<sup>nd</sup> for 6<sup>th</sup> – 8<sup>th</sup> Graders (\$35)

1:00pm – 4:00pm

Liberty High School's 8<sup>th</sup> Annual Winter Baseball Camp is a fun filled clinic in which the participants will learn skills needed to be successful in the game of baseball. Instruction is provided by the Liberty Baseball staff as well as former High School coaches, current and former collegiate baseball players. Join us for a fast paced camp and learn the Patriot Baseball Way. Camp is held at Liberty HS.

**Please complete all information below**

**Campers Name:** \_\_\_\_\_ **Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Grade:** \_\_\_\_\_ **School:** \_\_\_\_\_

**Shirt Size (Circle One):**

**Youth Medium   Youth Large   Adult Small   Adult Medium   Adult Large   Adult X Large**

**Parental Consent and Medical Authorization Form**

Parent's Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

In consideration for my child's participation in the Olentangy Liberty Baseball Winter Camp, I hereby agree and promise that I will not hold the coaches, the Olentangy school district or its employees responsible for any loss, damages or personal injuries that my child may receive as a result of said participation. In the event of an injury, if attempts to contact me or my spouse, at the above phone numbers are unsuccessful, I give permission for my child, \_\_\_\_\_ to be transported to \_\_\_\_\_ (Hospital Emergency Room) and for him to be treated by the medical staff of the facility. I confirm that my child is physically fit to participate in the vigorous activities of this camp. I further give permission for him to participate in the camp and agree that he is adequately covered by medical insurance.

Insurance Co: \_\_\_\_\_ Signature of Parent or Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

**Registration form may be mailed, emailed or faxed to:**

**Attn: Matt Lattig**

**OLHS**

**3584 Home Road**

**Powell, OH 43065**

**Email: [matthew\\_lattig@olentangy.k12.oh.us](mailto:matthew_lattig@olentangy.k12.oh.us)**

**Phone: 740-657-4260**

**Fax: 740-657-4299**

Checks made payable to: **LAB-Baseball**

Cost: \$65 for K-5<sup>th</sup> Grade Camp

& \$35 for 6<sup>th</sup> -8<sup>th</sup> Graders

