

Early Bird Blazer Baseball Camp

Saturday, January 20, 2018 (Young Memorial Field, UAB)

Campers age **8 through 18** are invited to register for the Early Bird Baseball Camps. Please register early either by mailing this form to the UAB Baseball Office or by going online at https://camps.jumpforward.com/UABbaseballcamps (All camps or clinics are open to any and all entrants (limited only by number, age, grade level and/or gender)

- -- 9:00 a.m. to 12:00 p.m. (\$80)- Pitching, Infield, or Catching Session
- -- 1:00 p.m. to 4:00 p.m. (\$80)- Hitting Session

For campers attending morning & afternoon camps, there is a $\underline{discount}$ rate of \$150 & lunch will be provided at no additional cost. All costs are final. Price includes processing fees.

All money will be refunded in case of cancellation

To check the status of the camps during inclement weather or potentially inclement weather, call 205-934-5182 for a recorded message. **Refund Policy:** Cancellations received 7 days prior to camp will be refunded in full.

Note: 2018 TENTATIVE SUMMER CAMP DATES (Brochure will follow later)

June 4-7, Pitching/Catching/Infield/Hitting Camp (Ages 8-14) June 11-13, High School Overnight Camp/Team Camp June 18-20, High School Overnight Camp/Team Camp July 15-18, Father & Son Camp (Ages 8-14)

Player's Name: _	First	Le	ast		Age (as of Jan.)	Grade:
Player's Email(if	f applicable):					
Home Address:	Street	City	St	Zip	Player's Cell(if app	licable):
School:						
Parents' Names:						
Email Address: _						
Mom's Cell:	Dad's Cell:					
			-		_	oon, discount will apply)
Hitting Camp \$80 (afternoon session)			Infield Camp \$80 (morning session) Catching Camp \$80 (morning session)			
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		U2	36 1212 Uni	iversity	Blvd.	
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* Check should be made payable to: Blazer Baseball School and returned by Jan. 15, 2018.

By enrolling my child, I authorize the Director of Blazer Baseball Camps to act according to his/her best judgment in any situation requiring medical attention. I understand the Blazer Baseball Camp insurance will only cover costs over and above my medical insurance coverage on my child. (Please attach a note if the coaches need to be aware of any medical condition your child may have.

1720 2nd Ave. S. Birmingham, AL 35294

Signed:	•	
Signed		