

Registration Form

Camper's Name: _____

Age: _____

Address: _____

City: _____

Zip: _____

Parent's Name(s): _____

Phone (Home): _____
(Work): _____

Emergency Phone: _____

I hereby authorize the staff of DBHC to act according to their best judgment in any emergency requiring medical treatment, and I state the above applicant has been checked and is in sound physical condition to participate in the camp.

Parent/Guardian Signature: _____

Or Physician's Signature: _____

Detach this portion and return along with your \$50 registration.

**Make Checks Payable to Christiansburg Dept. of Recreation.

What to bring

*Be dressed appropriately to work out

*Bat/Helmet (optional)

*Personal water bottle

What to expect

*Each camper is guaranteed anywhere from 10-12 hitting sessions. If available more times will be awarded.

* Daily stretching and hitting with emphasis on mechanics.

* Blue Demon Philosophy of hitting.

* Video with coach's feedback.

*Live batting practice from CHS coaching staff

Other camps offered by CHS Baseball

*Blue Demon 10th Annual Winter Pitcher & Catcher Camp. (1/5/10 – 2/11/10)

*Blue Demon 10th annual Summer Baseball Camp. (6/14/10 - 6/17/10)

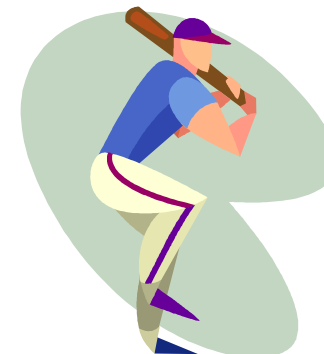
*Individual lessons are also available. Contact Coach Dunkleman @ CHS 382-5178.

Christiansburg

Baseball

Presents the

**5th Annual Demon
Baseball Hitting
Camp**



Christiansburg Rec. Center

January 5th – February 11th

2010

Grades 6th –12th

Dear Parents,

I would like to take this opportunity to invite you to the 5th annual demon hitting baseball camp an opportunity to give your baseball player the experience of learning baseball the right way.

Here at CHS we are committed to baseball and committed to teaching baseball to our current players and the players of the future.

We appreciate all the assistance and work the Rec. Center has contributed to our baseball program and our student/athletes and to all of our athletes and athletic programs here at CHS.

I guarantee you and your player quality instruction in the fundamentals of hitting presented by quality coaches and players from around the area. So please take the time to inquire about learning baseball the Demon way.

Sincerely,

Tim Dunkleman

Head Coach/Camp Director/382-5178

Cost: The cost is \$50 per pre-registered camper and \$35 per camper who registers the first day of camp. **Cost includes instruction and video evaluation sessions.** Each day of camp will begin at 5:00pm and end at 9:00pm. *Register at Christiansburg Rec. Center or at Christiansburg High School. All proceeds will go to CHS Baseball Club.*

Dates and Times: The camp will begin Tuesday January 5th, and end Thursday February 11th, 2009. **Camp will be divided into 15 min. sessions on each Tuesday, and Thursday from 5pm-9pm.** Each camper will be able to sign up for two time slots each week. When you register you can pick the time slots that work best for you. Campers will be responsible for attending two sessions each week **and being 5-10mins. early for their allotted time .** Additional time slots may be utilized if they come available. *Call the rec. center to set up times. (382-2349)*

Who may Attend: Any serious baseball/softball player in 6th grade and up. Enrollment will be limited and on a first come first serve basis.

Facilities: All workouts will be held at Christiansburg Rec. Centers indoor hitting facility.

Campers Responsibilities: You will be responsible for your own transportation to and from Christiansburg Rec. Center each day. You are encouraged to wear proper clothing. Stretching before workout.

Bad Weather Days: No school=No Camp.

Waiver

In order to participate in said program as parent or guardian for said participant, I assume the risk of any and all injuries to the participant or by the participant. I hereby agree to indemnify and hold harmless the Christiansburg Department of Parks and Recreation, its successors, assigns and the Town of Christiansburg from any and all claims for any and all injuries suffered or caused by said participant in said program. It is likewise assumed that said participant will wear the proper clothing and protective equipment during said program and that it is the responsibility of the parent or guardian to make sure this criteria is met. I grant permission to transport said participant to and from said event when required and hold harmless those assigned to transport. I also agree to allow transportation of said participant to the nearest physician or hospital for medical treatment and agree to allow immediate first aid to the injured said participant when deemed necessary. As parent or guardian for said participant, I assume the responsibility for any and all medical expenses of the participant.

Participant: _____ Date: _____

I hereby authorize the staff of the Demon Baseball Camp to act accordingly to their best judgment, and I state the above applicant has been checked and is in sound physical condition to participate in the Demon Hitting Camp.

Parent/Guardian

Signature: _____