2nd ANNUAL
CARDINAL BASEBALL CAMP

What: The 2nd Annual Cardinal Baseball Camp is for baseball players looking to improve their fundamental baseball skills while having fun doing it. The camp is designed to teach the fundamentals of baseball through drill and competition with the same coaching/ teaching philosophy that the Medical Lake High School Baseball program employs.

The Medical Lake coaching staff and the 2019 Varsity baseball players are your camp instructors.

Who: West Plains baseball players. **Cost:** $20 Includes T-shirt

Age: Grades 1-6. **NO** Medical Lake Middle School 7th or 8th grade students (Per WIAA regulations).

When:

Wednesday April 3	1-3pm	Check in at 12:45
Thursday April 4	1-3pm	Check in at 12:45

Where: Medical Lake High School Baseball Field
200 E Barker St.
Medical Lake, WA

Payment is due March 25. Any registrations after this date, registration will not include a t-shirt. Please make checks payable to **MLHS**. Checks may be dropped off at the High School main office or mailed to the address below. If you attend Medical Lake School District and would like to pay online please phone Patty at 565-3290 to make arrangements.

Medical Lake High School
PO Box 128
Medical Lake, WA 99022

For camp questions, please contact: Austin Sharp
asharp@mlsd.org
(530)400-9378

The registration form must be completed to participate.

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My child_____(**student name**) has my permission to participate in Cardinal Spring Baseball Camp.

Parent/Guardian Name: _____

Contact #:_____

Emergency Contact Name _____

Contact #:_____

My child has the following allergies or other health problems (describe): _____

_____

_____

Medication: _____

Doctor's Name and

Address: _____

Health Insurance Company:_____

I understand the Medical Lake School District does not purchase or have medical/dental/hospitalization insurance to cover an injury while participating at this event.

In the event of illness or accident, I authorize the Medical Lake School District personnel responsible for this activity to approve medical emergency care.

Although I understand that the Medical Lake School district will make a reasonable effort to provide a safe environment, I am fully aware of the special dangers and risks inherent in participating in the activity. With this knowledge I expressly release and hold harmless the Medical Lake school district, its employees, agents, or volunteers from any liability associated with this activity.

_____ _____ _____/_____

Signature of Parent or Guardian **Date** **Students Grade/Age**

Please circle T Shirt Size: **Camp Cost : $20 per player**

Youth Small / Youth Medium / Youth Large / Youth Extra Large /

Adult Small / Adult Medium / Adult Large / Adult Extra Large /