

Steve Braun

Train like a Pro with a Pro!

Baseball



SUMMER CAMP - Registration Form

Camper's Name: _____ Shirt Size: S M L XL
 Birth Date: _____ Grade Next Fall: _____ Age: _____ Sex: M / F
 Parent/Guardian's Name: _____
 Address: _____
 City: _____ St: _____ Zip: _____
 Phone: _____ Work : _____ Cell: _____
 Email Address: _____
 How did you hear about program? Friend, Email, Flyer, Ad Trenton Times, Bucks Courier, Trentonian

• Indicate emergency contact information:

1) Name: _____ Phone: _____
 2) Name: _____ Phone: _____

• Medical Information: Eyeglasses Contacts (Note: We do not administer medication.)

List medical problems: _____

• Try to group my child with: _____ (children must be entering same grade next fall)

• Preferred Instruction Position(s): Outfield 1st. Base 2nd. Base 3rd. Base
 Shortstop Pitching Catching

To register, print and complete this form. Below, check the appropriate camp you would like your child to attend. Mail this form along with a check in the amount of \$195.00 for half day or \$295.00 for full day camp. Make check payable to Steve Braun Baseball. If you will be participating in the Extra Innings Program for the full day camp, please include an additional \$25.00. An immunization schedule must be submitted with registration.

Baseball Camp Schedule

<input checked="" type="checkbox"/>	DATE	TYPE	AGE	LOCATION
<input type="checkbox"/>	06/23 - 06/27	1/2 Day	6 - 13	Hopewell*
<input type="checkbox"/>	07/14 - 07/18	1/2 & Full Day	6 - 18	Lawrenceville**
<input type="checkbox"/>	07/21 - 07/25	1/2 Day	6 - 13	Hopewell*
<input type="checkbox"/>	08/04 - 08/08	1/2 Day	6 - 13	Hopewell*

* held at Municipal fields. ** held at Eggers Crossing fields.

Available Discounts:

- Family discount: Deduct 10% (2 or more children attending)
- Multiple program discount: Deduct 10% (player attending more than one program)
- Team discount: Call (609) 882-4873 for information.

I, the registrant/parent/guardian, by applying to participate in Steve Braun's summer camp do hereby forever waive, release, absolve, indemnify, and agree to hold harmless Steve Braun Enterprises, Inc., the organizers and/or staff.

• Parent / Guardian Signature: _____

To register print and complete this form and mail it along with check payable to:
 Steve Braun Enterprises, P.O. Box 5173, Lawrenceville, NJ 08638.