**2018 Conejo Oaks Summer Baseball Camp**

**HITTING|THROWING|PITCHING|FIELDING|BASE RUNNING**

Conejo Creek Field

 (1300 E. Janss Road, Thousand Oaks, Ca 91362)

July 24 & 25, Ages 6-11, $100 | July 24- 26, Ages 12-16, $150

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| **Mail registration form and payment to:**ABDGAttn: Conejo Oaks Camp1928 Del Ciervo PlaceCamarillo, CA 93012OrEmail Registration form to oaksbaseball@yahoo.comto reserve a spot, then submit payment during check-in on first day of camp.**Cash or Check Only**(checks made payable to ABDG) | **For Further information contact:**David SolizHead Coach – Conejo Oaks(805) 304-0126oaksbaseball@yahoo.comorBryan WillsonAssistant Coach – Conejo Oaks(805) 216-9211bwillson306@yahoo.com |

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| --- | --- | --- |
| Player Name | D.O.B/Age | Shirt Size |
| Address | City/State | Zip |
| Parent/Guardian Name | Relation | Home Phone |
| Cell phone | Email Address |
| Insurance Company | Policy Number |
| Emergency Contact | Phone Number |

**Safety and Insurance**

Every effort is made to ensure safety throughout the camp. Campers will be covered by health and accident insurance during camp hours. Insurance coverage is secondary to primary insurance.

**Indemnification By Parent or Guardian of Applicant**

The undersigned guardian agrees to save and indemnify, and keep harmless, the Conejo Oaks, ABDG, it's agents, sponsors, and employees against any, and all liability, claims, judgments, or demand for damages arising as a result of injuries sustained while attending, or participating in, the Conejo Oaks Youth Camp.

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Signature of Parent/Guardian Date

**Medical Treatment Authorization**

The undersigned guardian certifies that the participant is fit for participation. Furthermore, the undersigned certifies that the participant has adequate medical coverage, and is responsible for injuries and/or accidents. The undersigned authorizes the Conejo Oaks/ABDG Youth Camp and it’s agents permission to request medical treatment as necessary to insure the well being of our dependent.

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Signature of Parent/Guardian Date