

CHS HEAD VARSITY BASEBALL COACH

TIM LEMONS PRESENTS

2009 SUMMER BASEBALL CAMP



AT CHATTAHOOCHEE HIGH SCHOOL



FOR GRADES 3RD - RISING 9TH

CAMPERS WILL BE GROUPED AGE APPROPRIATELY

SESSIONS

- JUNE 1-4 FROM 9 A.M.-2 P.M.
- JUNE 8-11 FROM 9 A.M.-2 P.M.
- JUNE 15-18 FROM 9 A.M.-2 P.M.

LOCATION

COUGAR FIELD, THE BEST HIGH SCHOOL FIELD
AROUND ATLANTA

FEE

\$125 PER SESSION (VALUE-PRICED FOR '09)

MORE INFORMATION

WWW.HOOCHBASEBALL.COM

PAYMENTS

MAKE CHECKS PAYABLE TO CHS DUGOUT CLUB

MAIL REGISTRATION AND CHECK TO:

TIM LEMONS'S 2009 SUMMER BASEBALL CAMP
CHATTAHOOCHEE HIGH SCHOOL
5230 TAYLOR ROAD
JOHNS CREEK, GA 30022

TWO-PART REGISTRATION

1. E-MAIL TO KDJC@MINDSPRING.COM THE FOLLOWING INFORMATION: NAME, BIRTHDATE, PARENTS' NAMES, ADDRESS, PHONE NUMBER, GRADE, SCHOOL, POSITION AND PREVIOUS PLAYING EXPERIENCE.

2. PRINT OUT THIS FORM, FILL OUT THE INFORMATION BELOW, MAKE CHECKS PAYABLE TO CHS DUGOUT CLUB AND MAIL CHECK AND FORM TO: TIM LEMONS'S 2009 SUMMER BASEBALL CAMP, 5230 TAYLOR ROAD, JOHNS CREEK, GA 30022

PLAYER NAME _____ SESSION(S) _____

PARENT/GUARDIAN NAME _____

PARENT/GUARDIAN PHONE _____ PARENT/GUARDIAN E-MAIL _____

EMERGENCY CONTACT NAME _____ PHONE _____

RELEASE AND WAIVER OF LIABILITY (PLEASE READ AND SIGN BELOW)

THE UNDERSIGNED HEREBY AND ACKNOWLEDGES THAT PARTICIPATION IN THIS CAMP AND RELATED ACTIVITIES INVOLVES AN INHERENT RISK OF PHYSICAL INJURY, AND THE UNDERSIGNED, ON BEHALF OF THE REGISTRANT, HEREBY ASSUMES ALL SUCH RISK AND DOES HEREBY RELEASE AND FOREVER DISCHARGE THE CAMP AND ALL EMPLOYEES AND AGENT THEREOF FROM ANY AND ALL LIABILITY OF WHATEVER KIND OR NATURE, ARISING FROM AND BY REASON OF ANY AND ALL KNOWN AND UNKNOWN, FORESEEN BODILY AND PERSONAL INJURIES, DAMAGE TO PROPERTY, AND THE CONSEQUENCES THEREOF, RESULTING FROM THIS REGISTRANTS PARTICIPATION IN AND OR INVOLVEMENT WITH THIS CAMP, INCLUDING ANY FAILURE OF EQUIPMENT OR DEFECT IN THE PREMISES.

SIGNATURE OF PARENT/GUARDIAN: _____ DATE: _____

SPACE IS LIMITED / DEADLINE: MAY 16