

Cardinal Spring Baseball Camp

April 4, 5, 6. 2-4pm

Medical Lake HS Varsity Baseball Field

Grades 1-6 (No Medical Lake 7th or 8th graders allowed to participate due to WIAA Rules)

Camp Info

The 1st Annual Cardinal Spring Baseball Camp is for 1st-6th grade 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 Baseball program employs.

The Medical Lake coaching staff and the 2018 Varsity baseball players are your camp instructors for all three days.

Day 1 and 2 *April 4th and 5th*

The first day of camp is designed to instruct fielding techniques for infielders and outfielders as well as instruct on proper hitting fundamentals. Campers will work in age appropriate groups throughout the day.

The second day of camp is to review the first day's drills and then give the campers the chance to show off what they have learned in competitions within their age group.

Day 3 *April 6th*

Day three of camp is designed for pitching and catching development. Campers will work with our instructors on the fundamentals needed to be a successful catcher or pitcher.

Cost: \$20 - Day 1 and 2 T-Shirt included.

Bring glove, cleats, bat, and batting helmet if you have it.

Shorts or baseball pants are fine.

\$15 - Day 3 only T-Shirt included.

Bring catchers gear and glove if you have it.

Baseball pants and cup if you are catching.

\$30 - All three days

Payment is due March 26th. Any registrations after this date will not include a t shirt. Please make checks payable to MLHS. They 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

Cardinal Spring Baseball Camp

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

Please circle T Shirt Size: Youth Small Youth Medium Youth Large Youth Extra Large Adult Small Adult Medium

Adult Large Adult Extra Large.