



**CAPISTRANO COMMUNITY EDUCATION
INCOMING FRESHMAN
SUMMER 2009**

THE BLUE CREW

2009 INCOMING FRESHMAN BASEBALL CAMP \$195
2009 INCOMING FRESHMAN BASEBALL LEAGUE \$195

PLAYER NAME _____ AGE _____ SHIRT SIZE _____

MOTHER/GUARDIAN _____ H _____ C _____

FATHER/GUARDIAN _____ H _____ C _____

EMAIL _____

ADDRESS _____ CITY _____ ZIP _____

EMERGENCY INFO:
NAME/RELATIONSHIP _____ H _____ C _____

Incoming Freshman - CAMP Session: 6/22 - 6/26 1 pm – 4 pm Cost: \$195

Incoming Freshman – LEAGUE Session: 6/29 – 7/31 Afternoon – T.B.A. Cost: \$195

BOTH CAMP AND LEAGUE TOGETHER \$350

Challenge and improve your baseball skills this SUMMER at Dana Hills High School Varsity baseball field. Participants will be instructed and evaluated by the DHHS baseball coaching staff, led by Head Coach Tom Faris. Players will receive a t-shirt, hat, personalized instruction and will develop their fundamental baseball skills. Camp will include drills, fun challenges and baseball etiquette. Bring all baseball gear and baseball clothes. (Glove, hat, bat, helmet, water, etc.) The league will be played during the afternoon through the month of July. This is your opportunity to meet the baseball staff at Dana Hills that will be preparing you for the upcoming tryouts in the fall. We strongly encourage both the camp and league to prepare for the upcoming tryouts for the 09-10 school year.

REGISTRATION FORM IS ON WEBSITE

www.danahillsbaseball.com

Make checks payable to: THE BLUE CREW BASEBALL CAMP

Mail check/registration to: THE BLUE CREW BASEBALL CAMP/ATTN: TOM FARIS

309 Calle Escuela, San Clemente, CA 92672

Coach Tom Faris 949-510-7381

tcfaris@capousd.org

ENROLLMENT APPLICATION AND INSURANCE WAIVER

I/we the parents of the above named child hereby release, absolve, indemnify and hold harmless the Capistrano Unified School District, Tom Faris and/or his coaching staff for any injuries or damages that he/she may receive or cause as a result from activities during the above mentioned camp and league. I/we assume all risks and hazards incidental to the conduct of the activities and hereby acknowledge that my child is covered under our personal family health care plan. Camp and league are insured by K & K insurance.

Signature _____ Date _____

Printed Name/Relationship _____

Insurance Carrier _____ Policy # _____

This is not a CUSD sponsored activity – Not printed at CUSD expense