

# 2014 Harrison Winter Baseball Camps



**San Diego Padres P, Clayton Richard will make a special guest appearance**

- Dates:** January 26 & February 2  
**Ages:** 1st-8<sup>th</sup> graders  
**Sessions:** 1<sup>st</sup> - 2nd Offensive & Defensive Skills Camp 12:00 pm – 1:30 pm  
3rd -5th Offensive & Defensive Skills Camp 2:00 pm – 3:30 pm  
6th – 8th Offensive & Defensive Skills Camp 4:00 pm – 5:30 pm  
**Location:** HHS Gymnasiums  
**Cost:** \$40 (Make checks payable to Harrison High School.)  
**Equipment:** Tennis shoes, white socks, sweats/baseball pants, t-shirt, hat, helmet, glove & bat.

**Mail the registration form and payment to Pat Lowrey, 5701 N 50 W, West Lafayette, IN 47906. In order to receive the camp t-shirt, please register by 1/24/14. For questions, email [plowrey23@gmail.com](mailto:plowrey23@gmail.com).**

Name \_\_\_\_\_ Email(s) \_\_\_\_\_

Phone (Please include phone numbers during camp hours) \_\_\_\_\_

Grade \_\_\_\_\_ Age \_\_\_\_\_ T-Shirt Size (Please indicate whether the size should be a youth or adult size) \_\_\_\_\_

**PLEASE CHECK SESSION ATTENDING:**

Camp	January 26 & February 2			
_____	1 <sup>st</sup> - 2nd	Offensive & Defensive Skills Camp	12:00—1:30	\$40
_____	3 <sup>rd</sup> - 5 <sup>th</sup>	Offensive & Defensive Skills Camp	2:00 - 3:30	\$40
_____	6 <sup>th</sup> -8th	Offensive & Defensive Skills Camp	4:00 - 5:30	\$40

I, \_\_\_\_\_, do hereby give written permission for my son \_\_\_\_\_ to attend the Harrison Baseball Camps. All risks attendant to participating in the camp, including but not limited to bodily injury, are assumed by me as his Parent or Legal Guardian as indicated by the signature hereto. Should an emergency arise requiring an ambulance service, I hereby give my permission for the camp supervisors to contact \_\_\_\_\_ Hospital as deemed necessary by the situation. Our insurance coverage is through \_\_\_\_\_.

SIGNATURE: \_\_\_\_\_ DATE : \_\_\_\_\_

