

2025 CHARDON H.S.

BASEBALL CAMP



JUNE 17-19, '25

SESSION 1:
PLAYERS ENTERING GR. 1-4
(9-10:30 AM)

SESSION 2:
PLAYERS ENTERING GR. 5-8
(10:30-12)

GENERAL INFORMATION:

The Chardon H.S. Baseball Summer Fundamentals Camp will be led by the Chardon H.S. Baseball staff and various members of the current baseball team. The philosophy of the camp is to give athletes an opportunity to learn fundamentals of the game that are taught, drilled, and utilized by our high school baseball teams.

This camp is intended for athletes entering grades 1-8, but is broken down into 2 sessions by age level.

Each camp attendee will receive a Hilltopper Baseball Camp t-shirt. Please contact Bob Francis (bob.francis@chardonschools.org) if you have any questions. While registrations will be taken up to the beginning of the camp, advance registration (By June 12) is appreciated & required to guarantee a camp shirt.

WHEN: June 17-19, 2025

WHERE: Chardon Memorial Field / Chardon H.S.

FEE: \$65 (Checks payable to the Chardon RBI Club)

BRING: Normal athletic shoes for the indoor cage sessions. Rubber cleats can be worn when working on the turf. Players should bring water.

REGISTER: 2 options!

- a) Traditional Paper & Check (Use attached)
- b) Online at <https://www.topperbaseball.com/>



**2025 Chardon High School Baseball Camp
Registration Form**

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Participant's Name: _____

Parent Contact Numbers: _____

Grade In The Fall of 2025: _____

Home Address: _____

Parent Email: _____

T-Shirt Size: YS / YM / YL / ADULT SM / M / L / XL / XXL

****IMPORTANT: THE FOLLOWING STATEMENT OF
WAIVER MUST BE SIGNED****

Mail registration form to:
**CHARDON BASEBALL
CAMP
9855 CAMPTON RIDGE DR.
CHARDON, OH 44024**

1. The undersigned is registering individually or as the Parent/Legal Guardian of a minor child or both. As used below, the registrant is an adult registering for an activity individually or as a Parent/Legal guardian of a minor child.

2. Recognizing the possibility of physical injury associated with the use of the recreational facility and engaging activity and program, and in consideration of the Chardon Athletic Boosters and Chardon Local School District accepting registrant for its program, the undersigned hereby assumes any risk and releases, discharges and otherwise indemnifies the Chardon Athletic Boosters and Chardon Local School District, its employees and agents against any claim for injuries received by the registrant and/or minor(s) as a result of participation in the program and activity or use of the recreational facilities or during transport to or from same, which transportation is hereby authorized.

3. The undersigned hereby gives consent for emergency medicare care prescribed by a duly licensed physical or doctor of dentistry. This care may be given under whatever circumstances are necessary to preserve the life, limb, or well-being of the registrant and/or minor (s).

Print Name Of Parent / Legal Guardian _____ **Date:** _____

Relationship to Minor(s): _____

Signature Of Above (Required): _____

In the event of emergency contact: _____

Relationship to minor: _____ **Phone:** _____