Winter Softball Skills Camp

The Baldwinsville Bees Softball Camp will be an educational camp that stresses **FUNdamentals** of softball and the importance of teamwork. The Softball Camp is designed to develop the player's current skill levels and learn new skills in a non-competitive **fun** atmosphere. The staff will stress the importance of the basic fundamentals (throwing, catching and hitting), as well as position specific skills. Fun team building activities like Camp T-shirt design and making are planned as well! Camp will be held in the Baker High School small gym over Feb break.

DAY:	Tuesday, Wednesday & Friday			
DATE:	February 18 - 21, 2020			
TIME:	8:30 am to 12:30 pm			
	(Please pick up promptly)			
PLACE:	Baker High School Small Gym			
GRADES:	3 rd - 8 th			
FEE:	\$60.00/person			
	(Min. #10, Max. #30)			
T-SHIRT / Kids: S M L XL				

Adult Sizes: XS S M L XL XXL



(Players will need: Glove, Athletic Wear, Sneakers, Snack & Water Bottle)

*** If there are any questions please call Lysander Parks & Recreation at 635-5999. ***

Please make all checks payable to: *Town of Lysander* Mail to: *Lysander Parks & Recreation 8220 Loop Rd. Baldwinsville, NY 13027*

LYSANDER PROGRAM REGISTRATION

Winter Softball Skills Camp at Baker High School

NAME:			_M/F:
BIRTHDATE (under 18 yrs. old):			AGE:
ADDRESS:			
CITY:		ZIP:	
PHONE (C):	_(H):		
Email address:			
Program:		Fee:	

Refunds: Full refunds are given if we cancel the class. Refund - minus a \$15.00 administrative fee will be given for checks, cash & credit card payments until the day after 1st class. No refunds for "one time" classes. Photos taken for publicity purposes may be used on the Town Web Site, on our Facebook pages, in local newspapers or in our brochures, unless otherwise noted by a parent. As the participant, parent or legal guardian of the above named participant I accept full responsibility for any and all injuries which may arise out of participation in the program(s) being registered for and hereby release the Town of Lysander, its agents and/or employees from any claims of any nature whatsoever arising out of my/my child(ren)'s participation. Consent is hereby granted to allow myself/my child(ren) to participate in the program(s) listed above. There is no medical insurance for any programs. I have read, understand, and agree to the policies listed on this page.



CREDIT CARD INFORMATION

• I understand there will be a 2.65% fee with a minimum service charge of \$3.00 for using a credit card

MUST BE FILLED OUT IN ORDER TO PROCESS:

MC 🔲 DISCOVER 📋 VISA 🗌 American Express	MC		DISCOVER		VISA	American Express]
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EXP. DATE: _____

CARD NUMBER:

CARD HOLDER'S NAME

	OFFICE	USE	ONLY		
DATE:			I	DOD <u>:</u>	
CHECK:	CASH:		AMT: <u>\$</u>		
CHARGE:	_				
			DEE		

AUTH#: _____ REF#: