

CARLISLE WILDCAT BASEBALL CAMP

MONDAY, MARCH 15 – TUESDAY, MARCH 16

3RD - 4TH GRADE: 4:30 – 6:30

5TH – 6TH GRADE: 7:00 – 9:00

ALL CAMPERS MEET IN THE ELEMENTARY REC CENTER

CLINICIANS: Carlisle coaches Dave Dirkx, Chris Miller, Jared Fletcher

Players need to bring glove, bat (Tuesday), and wear appropriate clothing
Monday – throwing, infield, outfield; Tuesday – pitching, catching, offensive skills

COST: \$35, Campers will receive a T-shirt

Make checks payable to: Dave Dirkx

Send entry form and waiver by **February 26** to:

Carlisle Community Schools

ATTN: Dave Dirkx

430 School Street

Carlisle, IA 50047

Entry forms may also be dropped off at the High School Office

CUT OFF AND RETURN THE BOTTOM PORTION

ENTRY FORM AND RELEASE

NAME: _____ GRADE: _____ T-SHIRT SIZE: _____

NAME: _____ GRADE: _____ T-SHIRT SIZE: _____

RELEASE:

The undersigned hereby agree to release Dave Dirkx, all assistant coaches, trainers, Carlisle School District personnel, and their representatives, agents, servants and employees from liability for any injury to the student(s) named above, resulting from any cause whatsoever occurring to the named person at any time while attending the Carlisle Baseball Camp, including travel to and from the camp.

Further, I do voluntarily authorize Dave Dirkx, all assistant coaches, trainers, Carlisle School District personnel, and their representatives, agents, servants and employees assistants to obtain routine or emergency medical treatment for the named person as deemed necessary by Dave Dirkx. As parent/guardians of camp participant(s) I expressly authorize **emergency medical treatment** to be administered as needed. Any further treatment will require parental/guardian consultation.

I agree to indemnify and hold harmless Dave Dirkx, all assistant coaches, trainers, Carlisle School District personnel, and their representatives, agents, servants and employees for any and all claims, demands, actions, rights of action, and/or judgments flowing from said procedures and/or treatment rendered in good faith and according to reasonable and prudent medical standards.

Date: _____ Parent/Guardian Signature: _____

Address: _____ Phone(s): _____