

KIRKSVILLE TIGERS BASEBALL

Summer Camp 2024



WHO: 3rd-5th Grade and 6th-8th Grade

WHAT: Offensive Instruction, Defensive Instruction, Pitching Instruction, and Competition

WHEN: June 6th, June 13th, June 20th, June 27th (4 Thursdays in June)

WHERE: Tiger Turf Baseball Field

TIME: 3rd-5th Grade Section 9:30am-10:45am and 6th-8th 10:45am-12pm

COST: \$60 Per Camper

REGISTRATION DEADLINE: June 6th (Walk-Ups Welcome)

Camp Staff will be Coaching Staff/Current Players/Alumni Players

COMPETITOR INFORMATION

NAME: _____ GRADE Entering : _____ AGE: _____ BIRTHDATE: _____

ADDRESS: _____ CITY: _____ ZIP: _____ HOME PHONE #: _____

EMERGENCY (Name & #): _____

SHIRT SIZE (circle): YM, YL, S, M, L, XL, (When in doubt on sizes, order a size too big as we do not order extra shirts!)

****Identification and Medical Treatment Authorization****

The undersigned parents and/or guardians of (Competitor's name) _____, the applicant, for and in further consideration of the baseball camp acceptance said applicant, does hereby release and discharge Kirksville R-III Schools and its representatives, employees, and agents from any and all debts, claims, demands, actions, damages, causes of action, judgments, or suits of any kind which may arise or be occasioned as a result of any course of instruction or the applicants participation in the baseball camp. In addition, I/we being the parents and/or guardians of the applicant authorize the Kirksville R-III and its agent's permission to request emergency medical treatment or care as necessary to insure the well-being of our dependent. Further, I claim the registrant has had a physical examination in the past year and was found fit for all physical endeavors.

Signature of Parent or Guardian: _____ Date: _____

****Competitor Code of Conduct Contract****

As a participant in the Kirksville Tiger Baseball Camp, I agree to comply with all of the rules, regulations, and directives of the staff, and I will treat all of the staff and other participants with respect, courtesy, and good will. I have read the above statement and understand that failure to comply with that statement may result in my removal from the camp without refund.

Participants Signature: _____ Date: _____

For additional information contact Derek Allen by email at dallen@kirksville.k12.mo.us

Cash or Check: Make Check to - Kirksville Summer Baseball

Mail To: Kirksville High School Addressed to Derek Allen or Derek Allen at 2905 Weatherbrooke Drive, Kirksville Mo 63501

Camp is open to **ALL** surrounding areas.