



Leaf Baseball Camp

Summer 2015

Players Name _____ Y N

Phone Number (____) _____ Email Address _____

Street Address _____ City _____ Postal Code _____

Birth Date (Y/M/D) (____ / ____ / ____)

Please select the date(s) you would like to register for:

- | | After Hours | |
|-------------------|--------------------------|--------------------------|
| *June 29 – July 3 | <input type="checkbox"/> | <input type="checkbox"/> |
| July 6 – 10 | <input type="checkbox"/> | <input type="checkbox"/> |
| July 13 – 17 | <input type="checkbox"/> | <input type="checkbox"/> |
| July 20 – 224 | <input type="checkbox"/> | <input type="checkbox"/> |
| July 27 – 31 | <input type="checkbox"/> | <input type="checkbox"/> |
| *August 4 – 7 | <input type="checkbox"/> | <input type="checkbox"/> |
| August 10– 14 | <input type="checkbox"/> | <input type="checkbox"/> |

**Please be advised there will be no camp on Wednesday July 1st and Monday August 3rd (holiday).*

Cost is \$175 (HST Included)

Please make cheques payable to “Leaf Baseball Camp” – add \$75/week if you require after hours (3-4pm)

Payments can be mailed to attn:

**Leaf Baseball Camp
3021 Plum Tree Court
Mississauga ON
L5N 4X6**

Emergency Contact Information

First Name _____ Last Name _____ Relation _____

Work #(____) _____ Home # (____) _____ Cell # (____) _____

Accident Waiver: I hereby covenant and agree to indemnify and save harmless the Leaf Baseball Camp with respect to any claim or demand arising out of any damages or injury, caused by or arising from participation of the applicant registered during any program in facility or location where this program is being held.

Date _____

Signature _____