Hopewell Township Parks & Recreation Department to sponsor:

HOPEWELL TOWNSHIP
Parks & Recreation Department

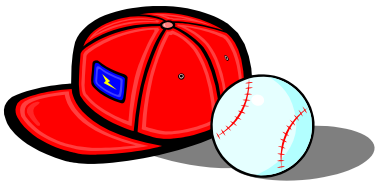
Bulldogs Baseball Camp

Play ball! Young baseball enthusiasts can register now for this summer camp led by CHS Varsity Baseball "Coach of the Year" Ken Harrison.

Session #1: Ages 12-15	Monday June 26 to Friday June 30 $185 ($165 Hopewell Twp. Resident) Deadline to register Friday June 16*
Session #2: Ages 6-8	Monday July 10 to Friday July 14 $185 ($165 Hopewell Twp. Resident) Deadline to register Friday June 30*
Session #3: Ages 9-11	Monday July 17 to Friday July 21 $185 ($165 Hopewell Twp. Resident) Deadline to register Friday July 7*
Time:	9 am – 12 noon each day
Where:	Session #1 – Varsity Baseball Field at AFT (Timberlane) Session #2 & #3 – Bacon Field & Volunteer Field Hopewell Twp. Athletic Complex (Scotch Road)
*Late Fee:	There will be a $20 late fee assessed on all registrations received after the deadline

This camp will include specialized instruction and daily games while reinforcing baseball fundamentals and skills development. Areas of instruction will include hitting, pitching, bunting, infield and outfield play, catching and base running. Campers should dress in baseball clothing and bring their own gear and drinks each day. ***All participants registered before the deadline will receive a camp T-shirt.***

Registration forms available at: www.hopewelltwp.org
or call the HT Parks & Recreation Department
at (609) 737-3753 or



Register online at https://register.communitypass.net/hopewelltownship

HOPEWELL TOWNSHIP
PARKS AND RECREATION DEPARTMENT
BULLDOGS BASEBALL CAMP REGISTRATION FORM – 2017

Participant's Name:_____ Date of Birth:_____Age: _____

Grade Completed: _____ Gender: M / F Home Phone:_____

Address:_____
Street City, state, zip

Mother's Name:_____Cell Phone:_____

Father's Name:_____Cell Phone:_____

Parent's Email: (**Print clearly**) _____

Emergency Contact Name (Not parents):_____ Phone:_____

- ☐ **Session 1: Ages 12-15 Mon., June 26 – Fri., June 30 (Deadline June 16) $185 ($165 HT Resident)**
- ☐ **Session 2: Ages 6-8 Mon., July10 – Fri., July 14 (Deadline June 30) $185 ($165 HT Resident)**
- ☐ **Session 3: Ages 9-11 Mon., July 17 – Fri., July 21 (Deadline July 7) $185 ($165 HT Resident)**
- ☐ **Late Fee for registration submitted after deadline $20**

Note: HT Resident denotes discounted program fee for Hopewell Township residents.

Position Played (primary) _____ **(Secondary)** _____

Shirt Size: Y Sm 6-8_____ Y Med 10-12_____ Y Lg 14-16_____
Ad Sm _____ Ad Med _____ Ad Lg_____ Ad XL_____

Registrants of all ages, by virtue of their participation, agree to be photographed and have pictures published as part of promotional and media campaigns unless we are formally notified of your expressed desire to be excluded.

HOPEWELL TOWNSHIP HOLD HARMLESS AGREEMENT & MEDICAL RELEASE: Participants assume all reasonable risks which may exist by virtue of participating in these activities and hereby indemnify, hold harmless, waive and release any and all rights and claims for damages against the Township of Hopewell, its agents, servants and employees, Hopewell Township Parks and Recreation, its agents, servants and employees, and other such individuals who may be involved in the planning and implementation of the program, for claims by participants, heirs, executors, administrators, or any other third parties for injuries that may arise from participation in this program, or acts of negligence or gross negligence arising out of this agreement. I hereby further authorize emergency medical care for my child/children during attendance in the Bulldog Baseball Camp program. If, in the judgment of the staff, treatment is required for any injury or illness, I also herby authorize the administering of anesthetics and recourse to other procedures deemed necessary by attending physician. I understand that whenever possible I will be notified prior to medical treatment of my child/children, or at the earliest possible time should prior notice prove impossible. I further understand that I am financially responsible for any medical expenses or emergency transportation incurred on my child/children behalf.

Please be aware my child has the following medical conditions:

_____

Doctor's Name:_____Phone:_____

SIGNATURE OF PARENT: _____ ***DATE:***_____

Make checks payable and send to:

Phone # (609) 737-3753

HOPEWELL TOWNSHIP PARKS & RECREATION DEPT.
201 Washington Crossing-Pennington Road
Titusville, NJ 08560