

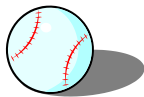
Hopewell Township Parks & Recreation

Department to sponsor:



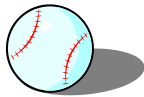
Bulldogs Baseball Camp

Play ball! Young baseball enthusiasts can register now for this summer camp led by CHS Varsity Baseball Coach Ken Harrison and JV Baseball Coach Dan Balog.



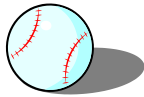
Session #1:
Ages 12-15

Monday June 25 to Friday June 29
\$190 (\$170 Hopewell Twp. Resident)
*Deadline to register w/payment Thurs., June 14**



Session #2:
Ages 6-8

Monday July 9 to Friday July 13
\$190 (\$170 Hopewell Twp. Resident)
*Deadline to register w/payment Thurs., June 28**



Session #3:
Ages 9-11

Monday July 16 to Friday July 20
\$190 (\$170 Hopewell Twp. Resident)
*Deadline to register w/payment Thurs., July 5**

Time: 9 am - 12 noon each day

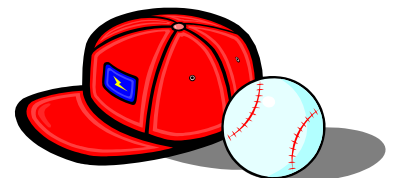
Where: Session #1 - Varsity Baseball Field at AFT (Timberlane)
Session #2 & #3 - Volunteer Field & Kelly Field
Hopewell Twp. Athletic Complex (Scotch Road)

***Late Fee:**

There will be a \$20 late fee assessed on any registration accepted after the deadline. No walk-ons will be accepted.

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 with payment before the deadline will receive a camp T-shirt.**

Registration forms available at: www.hopewelltpw.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 – 2018**

Participant Information:

Name: _____ DOB: _____ Age: _____ Grade Completed: _____ Gender: _____

Address: _____
Street City, state, zip

Primary Contact (Parent or Guardian):

Name: _____ Email: _____

Cell Phone: _____ Home Phone: _____

Emergency Contact (Parent, Guardian or Other):

Name: _____ Cell Phone: _____

- Session 1: Ages 12-15 Mon., June 25 – Fri., June 29 (Deadline June 14) \$190 (\$170 HT Resident)**
- Session 2: Ages 6-8 Mon., July 9 – Fri., July 13 (Deadline June 28) \$190 (\$170 HT Resident)**
- Session 3: Ages 9-11 Mon., July 16 – Fri., July 20 (Deadline July 5) \$190 (\$170 HT Resident)**
- Late Fee if registration is accepted after deadline \$ 20**

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

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 hereby 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:

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**

