



## 2019 BASEBALL CAMP

**Where:** *Anderson High School Baseball Field*  
**When:** *June 18-21 (Tuesday-Friday)*  
*8:30a-11:00a*  
**Who:** *Boys entering grades 1st-9th in Fall 2019*  
**Cost:** *\$75\**  
*\*Includes Camp T-Shirt*  
**What to Bring:** *Baseball Glove, Hat, Bat, Water Bottle w/ Name*  
**Staff:** *Anderson Baseball Coaches and Players (past & present)*

The Redskins Baseball Camp will cover all aspects of the game, from fielding & throwing to base-running & catching. Each day will consist of numerous drills and every day will end with games. The main purpose of our camp is to teach young kids the fundamentals of baseball, but more importantly to show we have FUN!

Questions can be directed to Head Coach Drew Schmidt at:  
513-307-1708 or [andersonredskinsbase@gmail.com](mailto:andersonredskinsbase@gmail.com)

**You can also register and pay online at:**  
<https://www.locallevelvents.com/events/home>

### Baseball Camp Registration

Name of Camper: \_\_\_\_\_ Age: \_\_\_\_\_ Grade in Fall 2019: \_\_\_\_\_

Elementary School: \_\_\_\_\_ Parent(s)/Guardian Name(s): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

1st Priority Contact #: \_\_\_\_\_ 2nd Priority Contact #: \_\_\_\_\_

Email: \_\_\_\_\_

**T-Shirt Size:**    YS    YM    YL    YXL    S    M    L    XL

Applicant must have their own insurance. Anderson High School or any camp staff will assume no responsibility for injuries (medical or dental) incurred while at camp. In signing this application, parent/guardian assumes all and any medical risks.

I, the undersigned parent/guardian, do hereby delegate to Anderson Camps, its employees and agents, the authority to see, obtain and approve any medical care and treatments for the above named minor(s), which, in their judgment is necessary for the health and well-being of said minor during attendance at the camp. Further, I agree to hold Anderson Camps, its employees and agents, harmless for any liability arising out of good-faith actions in seeking and obtaining medical care and treatment for the above named minor(s). All costs incurred are the responsibility of the parent/guardian.

Parent/Guardian Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Checks or cash accepted with paper registration. Check made payable to ANDERSON BOOSTERS; in memo - designate Baseball Camp. Email registration to Coach Schmidt or mail to: Anderson High School, Attn: Baseball Camp, 7560 Forest Rd, Cincinnati, OH 45255.

You may register prior to camp and pay the first day of camp. WALK-UPS are WELCOME!