

Summer Youth Program (Baseball Camp)

Martin Methodist College

Jody Evans (Head Baseball Coach): 931-309-9704 or jevans@martinmethodist.edu

The Martin Methodist College (MMC) Summer Youth Program seeks to expose its participants to a variety of activities along with social growth, character and team building exercises. It is our intent to provide a broad and varied activity program to our participants.

AGES: 5 years and Up

ACTIVITIES: Baseball Skills: Offensive & Defensive

COST: The cost is \$50 per camper. (2 days)

DAILY ROUTINE:

- 8:30 a.m. - Drop off and registration
- 8:30 a.m. - 12:00 p.m. Camp in session
- 12:00 p.m. - Camp ends

Drop-off/Pick-up location: Martin Methodist College East Campus Baseball Field/Indoor Facility

In case of bad weather camp will resume in the MMC East Campus Indoor Facility

Summer Youth Program

Participant's Name _____ Birthday _____ Gender _____

Address _____

City _____ State _____ Zip _____

School _____ Grade _____ Age _____

T-shirt size (check one): **Youth** XS _____, S _____, M _____, L _____, XL _____

Adult S _____, M _____, L _____, XL _____

Camp Session(s):

_____ Session 1 – Ages 5-10 (June 26-27) _____ Session 2 – Ages 11 & Up (June 28-29)

Parent's Name _____

Home Phone _____ Work Phone _____

Email _____ Cell Phone _____

I certify that _____ has my permission to participate in the MMC Summer Youth Program (Baseball Camp). I authorize the director and staff of the MMC Summer Youth Program to act according to their best judgment in any emergency requiring medical attention. I release and hold harmless Martin Methodist, including without limitation, its officers, directors, trustees, employees, agents, and affiliates for, from, and against any and all liability, injury sustained, damage to, or loss of personal property arising directly or indirectly while my child is using the facilities of Martin Methodist College. I agree to be financially responsible for all equipment checked out to my child while using MMC's facilities. By signing below, I give MMC permission to take photos of my child at camp for promotional purposes:

Parent Signature: _____

Please list any medical, physical, and/or mental condition(s) your child has that might restrict certain activities or any allergies to food, medication, etc. Please list any medication required.

List other adults authorized to pick up your child. ** Children will not be released to anyone not on this list. **
