2024 Spartans Baseball Camps – Youth Camps Registration



**Select the session(s) you wish to attend:**

**□ June 10-14**  **□ June 17-21** **□ June 24-28**  **□ July 8-12**  **□ July 15-19** **□ July 22-26**

**Name:**

**Address:**

**City: State: \_\_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone: (\_\_\_\_\_\_\_\_)**  **Birth Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_**

***Please fill out completely, so that you will be on the mailing list for future camp information***

Little league/travel ball team?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**How did you hear about camp? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent/Guardian Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Phone: (\_\_\_\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent/Guardian Work Phone: (\_\_\_\_\_\_\_\_)** **\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: (\_\_\_\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email Address:**

**EMERGENCY CONTACT**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: (\_\_\_\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relation:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
**COST:** **$295 per week ($265 each additional camper in family) or $60 per day (for partial weeks)**

**Items to bring:** glove, bat, helmet, baseball pants, cleats **(NO METAL SPIKES ALLOWED)**, baseball cap, batting gloves, tennis shoes, and spending money (camp store will have drinks, snacks, apparel)

# CONDITIONS OF APPLICATION

Please read and sign below:

1) To the best of my knowledge, this child is physically qualified to participate in any and all activities.

2) I hereby authorize the staff of Spartans Baseball Camps to act for my child, according to their best judgment in any medical emergency, and I hereby waive and release said person(s) from any liability or illness incurred while attending Spartans Baseball Camps.

3) I also understand that if any such emergency does arise, a staff member will contact the emergency contact at once.

**Insurance Co:**  **Policy No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Coverage Type:\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Primary Doctor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: (\_\_\_\_\_\_\_\_)** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Signature of Parent or Legal Guardian** **Date**

**MAKE CHECKS PAYABLE TO: Spartans Baseball Camp**

**MAIL CHECK AND COMPLETED FORM TO:**

**Spartans Baseball Camp**

**c/o The University of Tampa Baseball Office**

**401 W. Kennedy Blvd.**

**Box I**

**Tampa, FL 33606**

**QUESTIONS?** Please call Sam Militello, Associate Head Coach at The University of Tampa,

at 813-257-3673, email him at smilitello@ut.edu, or visit www.tampabaseballcamps.com