Bret Pagni's 2010-2011 Winter Skills Baseball Program **Instructors:** *Joe Wieland, Manogue High and Texas Rangers *Ken Camel, Central Arizona C.C. and Upper Iowa University *Brent Johnson, Dayton High and Feather River C.C. *Beau Walker, Wooster High and Cero Coso C.C. *Brody Massman, Reed High and San Jose State University Thursday December 30th, Friday December 31st, Sunday January 2nd, 2011 (3 days total) When: Where: 451 East Glendale Ave./ Sparks, NV 89431---Take McCarran (East) Exit. Turn right (South) off of freeway onto McCarran. Head over overpass, and then turn left (East) onto E. Glendale Ave., Take your second right hand turn into the parking lot across from Flips Gymnastics. 451 East Glendale Ave. is the middle warehouse. Time: Session One: 8:30 AM - 12:30 PM OR Session Two: 1 PM - 5 PM 6 years of age thru High School (players will be grouped by age and Ages: ability level) \$140 if you sign up on or before 12/10, otherwise \$150 per athlete Cost: (includes camp t-shirt) Contact: Bret Pagni Cell: 843.5172, Office: 856.2434, E-Mail: bpagni@email.com *Due to our indoor limitations we will only allow 30 athletes per session. To insure a roster spot, please sign up in advance. *Players will be asked to wear tennis shoes (Please No Cleats). It is also suggested that each athlete wear either sweat pants or wind pants as well as a sweatshirt of some kind. Also, please bring a water bottle as water will be provided. *Cancellations after December 23rd will be refunded \$75. PLEASE CUT AND RETURN BOTTOM PORTION WITH A SIGNED CHECK Level Played During Spring 2010: Check Session One or Two (circle one) Appropriate Box Player Information: ☐ Tee-Ball ☐ Minor ☐ Babe Ruth Camper Name(s): □ Rookie □ Main □ J.V. ☐ Farm ☐ Prep ☐ Varsity Parent's Names: **T-Shirt Size:** Check Appropriate Box Phone Number: ☐ A- Medium ☐ Y-Small

Address: ☐ Y- Medium ☐ A- Large ☐ Y-Large □ A- XL City/State/Zip: ☐ A-Small \square A-XXL E-Mail Address: As a parent or legal guardian of the above named participant I hereby give my consent for any emergency medical treatment as approved by the facility supervisor in case of injury or sudden illness. My permission is given in order to assure prompt medical treatment in my absence without undue delay. I have voluntarily enrolled my child in a program of sports training involving activities known to be hazardous. My child and I have chosen to participate with knowledge of the danger involved. We hereby agree to accept any and all risk of injury or death. As consideration for being permitted by Bret's Baseball and Softball Academy to have my child participate in the training program and use of the facilities, I hereby that I, my assignees, heirs or agents or my child named above or such child's assignées, will make no claim or sue Bret's Baseball and Softball Academy, its agents, employees or contractors for injury or damage resulting from negligence or other acts, howsoever caused by any agent, employee or contractor of Bret's Baseball and Softball Academy or by any spectator or other participant. I hereby release Bret's Baseball and Softball Academy, its agents, employees or contractors from all actions, claims and demands that I, my assignees, heirs or agents or my child named above or such child's assignees, heirs or agents now have or may hereafter have for injury or damage resulting from my child's participation in the sports training program. I have carefully read this agreement and fully understand its contents. I am aware that this is a release of liability and a contract between myself and Bret's Baseball and Softball Academy and sign it with my own free will.

Payable to/ Mailing Address:

Bret Pagni
451 East Glendale Ave. / Sparks, NV 89431

Date

Parent Signature

Parent Name (Please Print)