

# BRET PAGNI'S 2011 SUMMER BASEBALL CAMP

**\* Professional Instruction \***

**Ken Camel-** Central Arizona Community College/ Upper Iowa University

**Beau Walker-** North Valleys High Varsity Coach

**Brent Johnson-** Dayton High/ Feather River College

**Robbie Wickware-** Former Fallon High Coach

**\* A Fun Summer Environment \***

**\* Excellent Camper to Coach Interaction \***

**When:**       **Session One – Monday, June 13 thru Thursday, June 16, 2011**

**Session Two – Monday, June 27 thru Thursday, June 30, 2011**

**Where:**       South Valley Sports Complex, off of Wedge Parkway in Reno (by the big yellow library)

**Time:**        8:30 A.M. to Noon (8:00 A.M. check-in on first day of camp)

**Ages of Campers:** 5 thru 12 years

**Cost:**        \$140.00 per camper if registration is completed before May 25 for Session One and June 15 for Session Two, \$150.00 for registration on or after those dates. (This includes a camp "T"-Shirt)

**Campers Per Session:**        Maximum of 50 (first come, first serve until both camps are filled)

**Contact Info:**        Bret Pagni   Office: 775.856.2434   Cell: 775.843.5172   E-Mail: [bretpagni@sbcglobal.net](mailto:bretpagni@sbcglobal.net)

\* Players will be asked to supply their own pants, belt, socks, glove, hat and cleats.

\* All other equipment will be provided although it is suggested that your child bring his or her own bat.

\* Cancellations after June 6 for Session One and June 20 for Session Two will be refunded \$75.

**PLEASE CUT AND RETURN BOTTOM PORTION WITH A SIGNED CHECK**



**CAMPER INFORMATION:**

Camper Name(s): \_\_\_\_\_

Parent's Names: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

City/ State/ Zip: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Session:        One        Two        (Circle One)



**Level Played During Spring 2010:**

T-Ball    Rookie    Farm

Minor    Main

*Check Appropriate Box*

**"T"-Shirt Size: Y-M   Y-L   A-S**

**A-M   A-L   A-XL   A-XXL**

*Circle One*

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 assignees, 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.

\_\_\_\_\_  
**Parent Name (Please Print)**

\_\_\_\_\_  
**Parent Signature**

\_\_\_\_\_  
**Date**

**Payable to: Bret Pagni**

**Mailing Address: 451 E. Glendale Ave. / Sparks, NV 89431**