

BRET PAGNI'S 2013 SUMMER BASEBALL CAMP

* Professional Instruction *

Phil Diaz- Galena High/ Lassen C.C.

Matt Rutledge- Carson High/ University of Nevada

Robbie Wickware- Cerro Coso C.C./ Former Fallon High Varsity Coach

Justin Sortino- Northeastern C.C./ Sparks High JV Coach



* A Fun Summer Environment *

* Excellent Camper to Coach Interaction *

When: Session One – Monday, June 10 thru Thursday, June 13, 2013

Session Two – Monday, June 24 thru Thursday, June 27, 2013

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

Cost: \$140.00 per camper if registration is completed before May 24 for Session One and June 14 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

* 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 3 for Session One and June 17 for Session Two will be refunded \$75.

PLEASE CUT AND RETURN BOTTOM PORTION WITH A SIGNED CHECK

Camper Name(s): _____

Parent's Names: _____

Phone Number: _____

Address: _____

City/ State/ Zip: _____

E-Mail Address: _____

Physician Name: _____

Medical Insurer and Policy #: _____

Session: One Two (Circle One)



Level Played During Spring 2012:

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 Signature

Date

Payable to: Bret Pagni

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