

BRET PAGNI'S 2017 SUMMER BASEBALL CAMP

* Professional Instruction *

Mike Jenkins- Redondo High/ L.A. Harbor C.C.

Ryan Butler- Reed High/ Lassen College

Ron Sparks- Spanish Springs High Coach/ Yerington High Coach and more..



* A Fun Summer Environment *

* Excellent Camper to Coach Interaction *

When: **Session One – Monday, June 12th thru Thursday, June 15th, 2017**

Session Two – Monday, June 19th thru Thursday, June 22nd, 2017

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 yrs. through 12 yrs. (players will be grouped by age and ability level)

Cost: \$140.00 per camper if registration is completed on or before May 15th for Session One and May 22nd for Session Two, \$150.00 for registration on or after those dates. (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@att.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 1st for Session One and June 8th for Session Two will be refunded \$100.

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 #: _____



Level Played During Spring 2016:

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

Session: One Two (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's Baseball And Softball Academy, LLC
Mailing Address: 451 E. Glendale Ave. / Sparks, NV 89431