

Bret Pagni's 2017 Fall Break Baseball Camp

Instructors: *Mike Jenkins, Redondo High and L.A. Harbor College
*Ryan Butler, Reed High and Lassen College
*Ron Sparks, Spanish Springs High and Yerington High
*Eric Meyer, Galena High and College of the Siskiyous and more...

When: Monday October 2nd thru Thursday October 5th, 2017

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: 9:00 AM – 1:00 PM

Ages: 5 yrs. through 14 yrs. (players will be grouped by age and ability level)

Cost: \$140 per athlete if registration is completed before September 7th, \$150 per athlete after September 6th (Includes Camp T-shirt)

Contact: Bret Pagni Cell: 775-843-5172, Office: 775-856-2434, E-Mail: bretpagni@att.net

*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.

*Cancellations after September 17th will be refunded \$100.

PLEASE CUT AND RETURN BOTTOM PORTION WITH A SIGNED CHECK

T-Shirt Size: Y-M Y-L A-S A-M A-L A-XL

Camper Name(s): _____

Parent's Names: _____

Phone Number: _____

Address: _____

City/State/Zip: _____

E-Mail Address: _____

Physician Name: _____

Medical Insurer & Policy #: _____

Level played in spring 2017: T-Ball Rookie Farm
Main Prep Babe Ruth JV Varsity

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/ Mailing Address:
Bret's Baseball And Softball Academy, LLC
451 East Glendale Ave.
Sparks, NV 89431