Gino Pomilia Baseball Camps

3 Summer Camps in 2017
In our 16th Year

- **Camp #1 (June 12-16): "All-Skills Camp"**
  - Teaches Skills needed to establish good Fundamentals & Foundation
- **Camp #2 (June 19-23) "Hitting & Games Camp"**
  - Focuses on the "Art of Hitting" with Games that reinforce skills taught
- ***NEW* Camp #3 (June 26-30): "Contests & Games Camp"**
  - Fundamentals reinforced through "Daily Contests, Games, & Prizes"

- **CAMP LOCATION:** Redwood High School Varsity Baseball Field - *Behind the Gym*
- **CAMP INCLUDES:** **Daily Group Prizes, Baseball Cards,** & **End-of-the-Week Contests**
- **DAYS & TIMES OF CAMP:** Monday - Friday / 9 am - 3 pm
- **AGES 6-18:** **Boys** & **Girls** welcome. Campers are divided into age-appropriate groups.
- **WHAT TO BRING: Lunch, Glove,** & **Baseball Bat** ***(Snacks & Drinks Provided)***
- **WHAT TO WEAR: Baseball Pants, Baseball Cleats** or **Tennis Shoes** *(Look like a Ballplayer)*
- **CAMP FEES: $300.00 /** Each camper receives a **Camp Hat** & **T-Shirt**

Discounts: (-$20 for 2 Camps / -$40 for 3 Camps)

For more Info go: GINOPOMILIABASEBALL.COM or call/text (415) 860-4466

---------- *Detach Here: Mail Check & Registration to:*----------

2017 APPLICATION

Gino Pomilia Baseball
29253 Black Pine Way
Santa Clarita, CA 91390
(415) 860-4466

Check Appropriate Boxes

☐ ***"All-Skills"* Camp: June 12-16 @ $300** **$_____**

☐ ***"Hitting & Games"* Camp: June 19-23 @ $300** **+ $_____**

☐ ***"Contests & Games"* Camp: June 26-30 @ $300** **+ $_____**

☐ **Signing up for: 2 Camps (-$20) / 3 Camps (-$40)** **- $_____**

*****Total Amount Enclosed**** **$_____**

T-Shirt Size *(Circle One):* Youth Med, Youth Lg, Adult Sm, Adult Med, Adult Lg, Adult XL

Player's Name:_____ Age:_____ Birthdate:_____

Parent's or Guardian's Name:_____

Address:_____City:_____Zip:_____

Home Phone#_____ Work/Cell Phone#_____

E-mail Address_____

*In Case of Emergency Contact:*_____BE SURE TO

***READ AND SIGN BELOW**: I hereby waive all claim or claims against Gino Pomilia Baseball, Gino Pomilia and/or employees for personal injury to myself or my child(ren) while participating in the Gino Pomilia Baseball Camp. I hereby authorize the staff of Gino Pomilia Baseball to act for me in their best judgment in any emergency requiring medical attention. I have no prior knowledge of any physical impairment that would affect the above-named player in this program.

Signature of Parent or Guardian: X_____ Date:_____