

Christian Athletic League ~ Riverside, CA

2018 Fall Baseball Camp

Saturdays Only - 9:00 am to Noon

September 8th through October 13th

Ages 5 through 13 - Boys & Girls

\$75 per Player



| Participant(s) per Family - Please Print | Birthdate/Age (5 but not 14 on 10/13/18) | Group/ Level* (circle) | Shirt/Hat Sizes (circle) |
|-----------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|------------------------------------------------|-----------------------------------------------------------------------------------------|
| 1st Camper: Name: _____ Prev. CAL Team: _____ Medical Conditions: Asthma, Allergies, Other: _____ | DOB _____ Age on 10/13/ 2018: _____ | Tball (5-7) Junior (7-10) Senior (11-13) | Shirt: YS, YM, YL, YXL, AS, AM, AL, AXL, AXXL Hat: Youth / Adult |
| 2nd Camper: Name: _____ Prev. CAL Team: _____ Medical Conditions: Asthma, Allergies, Other: _____ | DOB _____ Age on 10/13/ 2018: _____ | Tball (5-7) Junior (7-10) Senior (11-13) | Shirt: YS, YM, YL, YXL, AS, AM, AL, AXL, AXXL Hat: Youth / Adult |
| 3rd Camper: Name: _____ Prev. CAL Team: _____ Medical Conditions: Asthma, Allergies, Other: _____ | DOB _____ Age on 10/13/ 2018: _____ | Tball (5-7) Junior (7-10) Senior (11-13) | Shirt: YS, YM, YL, YXL, AS, AM, AL, AXL, AXXL Hat: Youth / Adult |

*Experienced younger players may play in older group, older players may not play down.

Parent or Guardian Name(s): _____

Address: _____ City, Zip: _____

Cell Phone No.1: _____ Cell Phone No.2: _____

Email Address: _____

Fee: Number Participants: _____ x \$75 per camper = \$ _____ **No Refunds after August 10th**

Payment Type: Cash: _____ Check No: _____ Credit Card (+3% convenience fee): _____

Email to Receive Credit Card Invoice: _____

Make checks payable to: **CAL Baseball** Signature: _____

Volunteer Positions Available: Coach _____ Snack Bar _____ Field Prep _____ Board _____
(NEW coaches must complete LiveScan background check and online Positive Coaching Alliance clinic)

Email to: treasurer@cal-baseball.org

Completed Waiver Required (attach)

OR Mail to: Christian Athletic League, 3380 La Sierra Ave, Ste 104-673, Riverside, CA 92503

SPACE IS LIMITED ~ FIRST COME FIRST SERVED

