



**HOPEWELL TOWNSHIP PARKS AND RECREATION DEPARTMENT
 BULLDOGS BASEBALL CAMP REGISTRATION FORM – 2008**



Participant's Name: _____ Age: _____ Grade: _____

Shirt Size: Small 6-8 _____ Medium 10-12 _____ Large 14-16 _____

Ages 13-15 **Monday June 23 – Friday, June 27** **\$130 per child**

Date of Birth: _____ Position Played (Primary) _____ (Secondary) _____

Street Address: _____ Home Phone: _____

Town/State/Zip: _____

Email address: _____

Mother's Name: _____ Work Phone: _____

Father's Name: _____ Work Phone: _____

Please provide an emergency contact and their daytime phone number.

Name/Relationship: _____ Day Phone: _____

Registrants of all ages, by virtue of their participation, agree to be photographed and have pictures published as part of promotional and media campaigns unless we are formally notified of your expressed desire to be excluded.

HOPEWELL TOWNSHIP HOLD HARMLESS AGREEMENT & MEDICAL RELEASE: Participants assume all reasonable risks which may exist by virtue of participating in these activities and hereby indemnify, hold harmless, waive and release any and all rights and claims for damages against the Township of Hopewell, its agents, servants and employees, Hopewell Township Parks and Recreation, its agents, servants and employees, and other such individuals who may be involved in the planning and implementation of the program, for claims by participants, heirs, executors, administrators, or any other third parties for injuries that may arise from participation in this program, or acts of negligence or gross negligence arising out of this agreement. I hereby further authorize emergency medical care for my child/children during attendance in the Bulldog Baseball Camp program. If, in the judgment of the staff, treatment is required for any injury or illness, I also hereby authorize the administering of anesthetics and recourse to other procedures deemed necessary by attending physician. I understand that whenever possible I will be notified prior to medical treatment of my child/children, or at the earliest possible time should prior notice prove impossible. I further understand that I am financially responsible for any medical expenses or emergency transportation incurred on my child/children behalf.

Please be aware my child has the following medical conditions:

Doctor's Name: _____ Phone: _____

SIGNATURE OF PARENT: _____ **DATE:** _____

Make checks payable and send to:

Phone # (609) 737-3753

HOPEWELL TOWNSHIP PARKS & RECREATION DEPT.
 201 Washington Crossing-Pennington Road
 Titusville, NJ 08560



Hopewell Township Parks & Recreation's

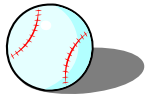
Bulldogs Baseball

Camp

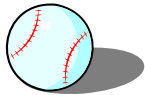
Play ball! Young baseball enthusiasts can register now for this summer camp led by CHS Baseball Coach Ken Harrison.



Ages 13-15: Week of June 23 - 27



9 am - 12 noon



Hopewell Township Municipal Athletic Complex



\$ 130 per person

This camp will include specialized instruction and daily games while reinforcing baseball fundamentals and skills development. Areas of instruction will include hitting, pitching, bunting, infield and outfield play, catching and base running. Campers should dress in baseball clothing and bring their own gear and drinks each day.

Please call or visit for a registration form.

Hopewell Township Municipal Building

201 Washington Crossing-Pennington Road

(609) 737-3753

