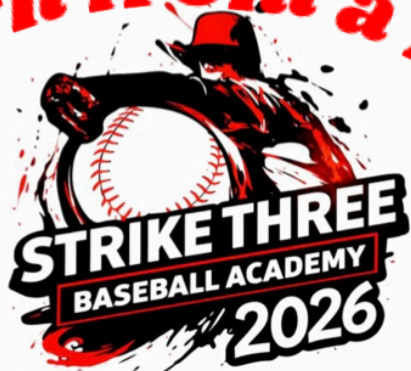


Learn from a Pro



CAMP DATES:

Spring
March 23-26

Summer
June 15-18 July 13-16
June 22-25 July 20-23

Fall
October 5-8

**The Premier Baseball Camp for Players
Development & Fun**

| | | | |
|--------------------------------|---|-----|--|
| PLAYER'S NAME | | AGE | |
| PARENT EMAIL | | | |
| CONTACT PHONE | | | |
| SIBLING(S) | | AGE | |
| SCHOOL/GRADE | | | |
| LEAGUE/DIVISION LAST PLAYED | | | |
| SELECT T-SHIRT SIZE | (CIRCLE): YOUTH: SMALL-MEDIUM-LARGE ADULT: SMALL-MEDIUM-LARGE | | |

Strike 3 Baseball Academy

Frank Potestio **All Payments Final**
Private Hitting Lessons **No Refunds**
Private Pitching Lessons **No Exceptions**
Baseball Camps
WWW.Strike3PitchingZone.com

Check, or Cash Accepted

Mail checks in the amount: \$260

Payable to: Frank Potestio
484 Quail Glen Drive
Oakley, CA 94561
Ph: (925) 551-1644
email: frank@strike3pitchingzone.com

Player's Medical Insurance

Policy Number: _____



Strike 3 Discount

***Sign up for additional camps*
*Get \$20 off***

Location: Oak Meadow Park
180 Crawford Drive, Brentwood
Upper Field #1
Ages 5 to 12 yrs old **Time: 9am - 12pm**

Medical Release & Disclose/Parent Authorization:

THE PARENT, CERTIFIES THAT THEIR CHILD HAS NO SPECIAL HEALTH PROBLEMS THAT WOULD PREVENT FULL PARTICIPATION IN THIS CAMP. THE PARENT UNDERSTANDS STRIKE 3 BASEBALL ACADEMY, THE COACHES, AND STAFF CANNOT BE HELD LIABLE FOR INJURIES SUSTAINED WHILE AT CAMP. PARENT HEREBY GIVES PERMISSION TO THE DIRECTOR(S) OF STRIKE 3 BASEBALL ACADEMY, TO ACT ON THE BEHALF OF PARENT, USING THEIR BEST JUDGEMENT, IN AN EMERGENCY REQUIRING MEDICAL ATTENTION. PARENT WILL BE RESPONSIBLE FOR ANY OTHER CHARGES IN CONNECTION WITH THEIR PLAYER'S ATTENDANCE AT CAMP. PARENT AGREES TO ABIDE BY THE RULES AND REGULATIONS OF THE CAMP. PARENT AGREES THAT PHOTOS OF CAMP PARTICIPANTS MAY BE USED FOR WEBSITE AND/OR FUTURE ADVERTISEMENT OF STRIKE 3 BASEBALL ACADEMY

Parent or Guardian _____ Date _____