



\$175 PER CAMP*

2 CAMPS - \$300 (\$50 discount)

**Includes an Under Armour t-shirt and written evaluation*

2018 SUMMER BASEBALL CAMP

SESSION 1: JULY 9-12
HITTING CAMP

SESSION 2: JULY 16-19
DEFENSIVE CAMP

9:00 AM - 4:00 PM • AGES: Boys 10-14

CAMP DIRECTOR: Archbishop Curley Head Coach Brooks Norris '01 • bnorris@archbishopcurley.org • 410-812-1769

SIGN UP TODAY!



CURLEY BASEBALL SUMMER CAMP 2018 ENROLLMENT

ARCHBISHOP CURLEY HIGH SCHOOL
3701 SINCLAIR LANE
BALTIMORE, MD 21213

PHONE: 410-485-5000 EXT. 281

CAREFULLY READ THE INFORMATION ON THIS FLYER BEFORE COMPLETING AN APPLICATION.
TO ENROLL MULTIPLE CHILDREN, PLEASE PHOTOCOPY THIS FORM.

<input type="checkbox"/> SESSION 1: HITTING CAMP	\$175 PER CAMP 2 CAMPS - \$300 (\$50 discount)	\$ _____
<input type="checkbox"/> SESSION 2: DEFENSIVE CAMP		

NAME OF CAMPER: _____

T-SHIRT SIZE: (PLEASE CIRCLE): YOUTH M YOUTH L S M L XL 2XL

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

EMAIL: _____

AGE: _____ DATE OF BIRTH: _____ GENDER: _____ GRADE ON 9/4/16: _____

CURRENT SCHOOL: _____

ALLERGIES & OTHER HEALTH CONCERNS: _____

MEDICATION TAKEN REGULARLY: _____

INSURANCE WAIVER PERMISSION: The undersigned parent/guardian, individually and collectively, authorizes the Director of each camp or his designee, in his discretion, to obtain and consent to medical treatment for the camper named above. In consideration for the opportunity for the camper to participate in the Archbishop Curley Summer Camps Program, the undersigned parent agrees to waive and release Archbishop Curley High School and the Roman Catholic Archdiocese of Baltimore from any and all claims, liability and rights to damages for injuries and losses suffered by the camper, or the undersigned, arising out of the camper's participation in the Archbishop Curley Summer Camp Program. I/We acknowledge that the camper is required to comply with all rules, regulations and instructions of the Archbishop Curley Summer Camp Program and its staff.

PARENT/GUARDIAN NAME (PLEASE PRINT): _____ DATE: _____

PARENT/GUARDIAN SIGNATURE (REQUIRED): _____ DATE: _____

WORK PHONE: _____ HOME: _____ CELL: _____

EMERGENCY CONTACT: _____ PHONE: _____

TO PAY ONLINE: WWW.ARCHBISHOPCURLEY.ORG/ABOUT/SUMMER-CAMPS

AMOUNT ENCLOSED: \$ _____ PAYABLE TO ARCHBISHOP CURLEY HIGH SCHOOL

AMOUNT TO BE CHARGED: \$
 VISA MASTERCARD DISCOVER AMERICAN EXPRESS

ACCOUNT NUMBER: _____ - _____ - _____ EXPIRATION: _____ / _____

NAME ON CARD: _____

SIGNATURE: _____