



## 2017 Golden Gales Summer Baseball Camp

- DATES:** June 5<sup>th</sup> - June 8<sup>th</sup> (Monday-Thursday)
- PURPOSE:** Our Golden Gales Baseball Camp will give your child a chance to work with the Lancaster High School coaching staff and players. This camp will feature fundamentals, competitions, and drills used at all levels of the program.
- GRADES/TIMES:** Youth Camp 9:00am to 11:30am- Entering Grades 2, 3, 4, & 5  
Jr. High Camp 12pm-2:30pm - Entering Grades 6, 7, 8, & 9
- LOCATION:** Lancaster High School- England Field (Thomas Ewing Gymnasium in case of rain)
- COST:** \$75 (Receive instruction, Camp T-Shirt, Baseball and Columbus Clippers ticket)
- PAYMENT:** Make checks payable to: **Extra Innings Club**
- STAFF:** Lancaster High School Coaching Staff
- REGISTRATION:** **Please complete the bottom and return to**  
Lancaster High School  
Attention: Corey Conn/Varsity Baseball Coach  
1312 Granville Pike  
Lancaster, OH 43130
- QUESTIONS:** Contact Coach Conn  
Cell: 740-506-1336  
Email: [c\\_conn@lancaster.k12.oh.us](mailto:c_conn@lancaster.k12.oh.us)

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Student Name \_\_\_\_\_ Age \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone \_\_\_\_\_

Grade \_\_\_\_\_ (Entering) School \_\_\_\_\_

Youth Shirt Size (please circle) S M L Adult T-shirt Size (please circle) S M L XL XXL

Email (parents) \_\_\_\_\_

I \_\_\_\_\_, give my permission for my child, \_\_\_\_\_, to participate in the Golden Gales Summer Baseball Camp and agree that any medical services needed are to be covered by our family medical coverage. In consideration for my child's participation, I will not hold the camp employees or Lancaster City Schools responsible for any loss, damages, or injuries that may be received as a result in the participation in this camp. In addition, I give my permission for any medical treatment by any qualified physician or at the nearest hospital emergency room in case that I cannot be reached.

Parent/Guardian Signature: \_\_\_\_\_ Emergency Contact Number: \_\_\_\_\_