

SANTA BARBARA FORESTERS

2009 Summer Camps

One-week Sessions for players age 6-13

Session	Date	Time
1	June 15-19	9AM ó 2PM
2	June 22-26	9AM ó 2PM
3	June 29-July 3	9AM ó 2PM
4	July 6-10	9AM ó 2PM
5	July 20-24	9AM ó 2PM
6	July 27-31	9AM ó 2PM

Checklist:

- Baseball Shoes
- Baseball Hat
- Baseball Glove
- Baseball Pants
- Sunscreen
- Water Bottle
- Snack & Lunch

Reminder:

Please have each camper ready to go at 9 AM each day and picked up promptly at 2 PM.

Four-day Session for players age 13-17

A	July 14-17	9AM ó 2PM
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Cost: \$225.00 per participant per week.

Location: 4540 Hollister Ave. (behind Page Youth Center) Santa Barbara, 93110

Foresters Office: (805) 684-0657

Camp Director: Casey Cloud, Foresters Coach (805) 689-4687

CAMP APPLICATION: Please complete the following application and mail with your check or bring with you to camp. Each application must be signed by a parent or guardian before it will be accepted. (Please print clearly.)

Mail checks payable to: Santa Barbara Foresters
4299 Carpinteria Avenue, Suite 201
Carpinteria, CA 93013

Player Name: _____ Age: _____

Address: _____

City, State, Zip: _____

Which camps will you be attending (please circle): 1 2 3 4 5 6 A Total # of camps: _____
x \$225.00

Multiple camps/campers take 10% off

Please pay this amount = _____

Parent's signature: _____

Parent's Printed Name: _____

Day Time Phone Number(s): _____ / _____

Email (for sending receipt/confirmation): _____

HEALTH INSURANCE INFORMATION

Carrier Name: _____ Policy #: _____

Policy Holder Name: _____ Policy Holder DOB: _____

Emergency Contact: _____ Phone: _____

I, the parent (legal guardian) of _____ give permission for the named camper to receive emergency medical or surgical treatment and hospitalization if necessary. I hereby waive and release the staff, camp management and any sponsors from any and all liability fro any injury or illness incurred while at camp. I understand that there is a risk of injury to the named camper as a result of camp activities and I knowingly and voluntarily assume all risk of such injury. I will be financially responsible for any medical attention needed during camp or resulting from an injury received at camp. My medical insurance shall be the insurance coverage for any medical treatment.

Print Name: _____

Signature: _____ Date: _____