



To register for the ABF Summer Camp, please complete, sign and email this form to [agourabaseball@yahoo.com](mailto:agourabaseball@yahoo.com). Then make your payment through one of our payment options listed in the Camp Dates & Info box.

## Why Agoura Summer Baseball Camp?

Located at Agoura High Baseball Fields, campers will have an opportunity to receive valuable instruction from the Agoura High School coaching staff and players. This is a great way for campers to be introduced to high school baseball as well as showcase their skills. The camp will focus on the key elements of the game such as: proper infield and outfield throwing mechanics, pitcher throwing mechanics, base running, bunting, hitting, fielding mechanics, and outfield play. In addition, campers will have an opportunity to compete in afternoon scrimmages to help develop their new skills and elevate their level of play.

- Learn from and meet your future high school coaches
- The chance for campers to play on a high school baseball field
- Receive daily instruction from College and High School Coaches
- Play on state-of-the-art facilities
- Professional supervision
- Excellent camper to staff ratio
- Safe environment
- Opportunities for special weekly awards

## Camper Registration

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

Primary Position \_\_\_\_\_

Secondary Position \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

## 2024 Camp Dates & Info

\*\*\*Check-in begins 30 min prior to start of camp each day\*\*\*

-----Please select your camp session-----

### Session 1

☐ June 17-21 1:30pm-4pm Incoming Freshman

### Session 2

☐ June 21-28 1:30pm-4pm Incoming Freshman

### Fees:

\$300/week or \$60/day (Incoming Freshman)

\*\*\*No refunds allowed, only future camp credit\*\*\*

### Payment Options:

Checks made to: North Baseball Academy

Zelle: (818)212-9528 (North Baseball Academy)

Venmo: @Anthony-Chevrier

### Medical & Waiver Release

I hereby RELEASE, WAIVE, DISCHARGE, AND COVENANT NOT TO SUE Anthony Chevrier, North Baseball Academy, Agoura High School, Agoura Baseball Foundation, and the Board of Trustees and their officers, agents, or employees (hereinafter referred to as RELEASEE) from any and all liability, claims, demands, or course of action whatsoever arising out of or related to any loss, damage, or injury, including death, that may be sustained by me/my child, or to any property belonging to me/my child, WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEE, or otherwise, while participating in this camp, or while in, on upon the premises where the games are being conducted.

To the best of my knowledge, I/my child and/is in good physical condition and I am not aware of any physical infirmity which would place me/my child at risk to participate in any way with game activities. I am fully aware of risks and hazards connected with the camp. I VOLUNTARILY ASSUME FULL RESPONSIBILITY FOR ANY RISK OF LOSS, PROPERTY DAMAGE

OR PERSONAL INJURY that may be sustained by me/my child, or any loss or damage to property owned by me/my child, as a result of being engaged in the camp's activities, WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEE or otherwise. I further hereby AGREE TO INDEMNIFY AND HOLD HARMLESS the RELEASEE from any loss, liability, damage or cost, including court costs and attorney's fees, that may accrue related to me/my child's participation in this camp.

During the period of the summer baseball camp, I hereby give permission for the staff of Agoura High School Baseball Coaches to administer appropriate medical attention to me/ my child in the event of an accident, illness or injury. I will be responsible for any and all costs of medical coverage and treatment provided not covered by insurance. In signing this release, I acknowledge and represent that I have read and understand it and sign it voluntarily; I am at least eighteen (18) years of age and fully competent; and I execute this Release for full, adequate and complete consideration fully intending to be bound by the same.

Parent/Guardian Signature

Date

Medical Insurance Provider

Policy Number