



# Cloud County Baseball

## Junior T-Bird Skills Camp

**WHEN:** June 25-26, 2019

**TIME:** 10:30am-12:30am

**AGES:** 10-12

**WHERE:** *Cloud County Community College Softball Field/Indoor Baseball Facility*

**COST:** \$40.00, includes Cloud County Baseball T-Shirt

**\*Maximum of 40 Registrations accepted\***

Cloud County Community College Baseball will be hosting its Summer Future T-Bird Skills Camp on June 25-26, 2019 (Tuesday, Wednesday). The Future T-Bird Skills Camp will focus on fundamentals of the game with an emphasis on the offensive side. Hitting, Fielding, & Baserunning will be the emphasis for the camp. The camp will be a combination of individual instruction, drill progressions, and exciting competition with prizes awarded to competition winners. Instructors will include Cloud County Head Coach Eric Gilliland, members of Cloud County Baseball team, and local baseball coaches and players. The camp will be capped at the first 50 registrations.

**Registration Options:** Fill out the form below and return to the address below with Cash or Check included.

**OR**

Register and pay ONLINE at [WWW.CLOUDBASEBALLCAMPS.COM](http://WWW.CLOUDBASEBALLCAMPS.COM).

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Home #: (     ) \_\_\_\_\_ Emergency #: (     ) \_\_\_\_\_

Address: \_\_\_\_\_

City State Zip

Email: \_\_\_\_\_

Age: \_\_\_\_\_ T-Shirt Size: \_\_\_\_\_

If you have any questions please feel free to contact Head Coach Eric Gilliland at [egilliland@cloud.edu](mailto:egilliland@cloud.edu).

Please mail the above attachment with payment enclosed to: **Cloud County CC Baseball**  
**2221 Campus Drive**  
**Concordia, KS 66901**

**\*\*Checks Payable to Cloud County Baseball**

**\*\* All proceeds will be used for the operation of the Cloud County Community College Baseball Program**

# Medical Waiver

We (I) hereby authorize Cloud County Baseball Camp, or its designee, to authorize treatment of the below named applicant on an emergency basis in the event such treatment becomes necessary. We (I) will be responsible for all medical bills incurred as a result of illness or accident while the below named applicant is taking part in the Cloud County Baseball Camp. We (I) hereby release Cloud County Baseball Camp and its agents from all claims on account of injuries, illness or disease which may be sustained by the below named applicant while attending the camp, and we (I) further agree to indemnify the camp and its agents for any claims which may thereafter be presented by the applicant as a result hereof

Date \_\_\_\_\_

Signed \_\_\_\_\_

(parent or guardian of participant)