

# 4 Week Youth Skills Camp

## Ages 9-12

The Players Dugout staff is offering a 4 week pre-season skills camp for youth players. This session will begin Tuesday, January 17<sup>th</sup> and end Tuesday, February 7<sup>th</sup> with a second camp being offered beginning Tuesday, February 21<sup>st</sup> and running thru March 13<sup>th</sup>. These workouts will be intensive both offensively and defensively and will give each player an opportunity to improve their skills and gain an edge on their competition preparing for the upcoming season. This camp will be held on four consecutive Tuesdays. There will be a limit of 20 players for this camp.

Age  
9-12

Beginning-Ending Dates

**Camp 1:** January 17<sup>th</sup> – February 7<sup>th</sup>

**Camp 2:** February 21<sup>st</sup> – March 13<sup>th</sup> (Call to Verify)

\*\* Players have the option of choosing either of the workouts or both

**Session 1 - Hitting (6:00 – 6:55 PM)**

**Session 2 - Fielding (7:00 – 7:55 PM)**

**1 session / day - \$20.00 per workout = \$80.00 – total for 4 weeks**

**2 sessions/ day - \$15.00 per workout = \$120.00 – total for 4 weeks**

Payments must be made before January 12<sup>th</sup>. Make checks payable to The Players Dugout and drop by The Players Dugout or mail to P.O. Box 406 E-Town Ky.42702

### Application

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

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

City \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Birth date: \_\_\_\_\_ Grade \_\_\_\_\_ Position \_\_\_\_\_

Parents' Name: \_\_\_\_\_ 2<sup>nd</sup> Position \_\_\_\_\_

**P.O. Box 406  
E-Town Ky. 42702**

**Phone :( 270)765-7478  
Fax :( 270)765-5169**

**Condition of Application (Applications void without signature below):**

In enrolling at Players' Dugout, participant understands that he/she attending the programs and using Players' Dugout and the facilities does so at his/her own risk. Players' Dugout and its owners, employees or agents, shall not be liable for any damage whatsoever arising from any personal injury or property loss sustained by participant with his/her family in or about any programs on the premises. Participants and parents assume full responsibility for all injuries and damages which occur in or about any programs on the premises. He/She does hereby fully and forever release discharged hold harmless Players' Dugout, all associated facilities and its owner, employees, and agents from any and all claims, demands, damages or rights of action, present or future resulting from any person's participation in any programs or use of the facility. In addition, he/she agree(s) to follow the rules of conduct and play set by Players Dugout. Failure to do so may result in suspension from participation. Consent: I the undersigned parent or guardian/participant do hereby grant authority to the staff at Players Dugout to render a judgement concerning medical assistance or hospital care in the event of an accident or illness during my absence. I do hereby authorize Players Dugout and its assigns to utilize any and all photographs, pictures or other likeness of me or anyone assigned guardianship to me, as they deem appropriate in its promotional materials or team films.

**Signature of parent and/or guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_