



WWW.WCBASEBALLCAMP.COM

# Big League Dreams Start Here!

*Learn the Fundamentals of Baseball From Professional Baseball Players!*

**"All Around Camp"**

**Pitching, Hitting, Fielding, Base running, Strength and Conditioning**

**Dates: Sunday, January 6<sup>th</sup>, 2008**

**Time: 8:00 am to 1:15 pm**

**Location: Granite Hills High School Gym, El Cajon, CA**

**AGES: 6-18**

**FEE: \$80.00 per child, for 1 day camp**

*We will provide 2 slices of pizza per child for lunch.  
Snacks and drinks will be available to purchase.*

**Please: Dress in appropriate baseball attire. Bring your own bat, glove and helmet (labeled with name) \*\*\* NO BLACK SOLE SHOES\*\*  
BRING INDOOR/COURT APPROPRIATE TENNIS SHOES**

**Director: John Barnes Email: [jbarnes@wcbaseballcamps.com](mailto:jbarnes@wcbaseballcamps.com) Phone: 619-665-5868  
Director of Operations: Tracy Barnes Email: [Tracybarnes@wcbaseballcamps.com](mailto:Tracybarnes@wcbaseballcamps.com) 619-871-2238**

***Cancellation policy: All cancellations up to 15 days prior to camp will receive a full refund. Any cancellations less than 15 days prior to camp will be charged a \$25.00 cancellation fee, or may reschedule for a future WCBC camp. If you cannot attend camp, you must notify John Barnes prior to first day of camp.  
If notification is not received, a refund will not be granted.***

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### Registration Information

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

Address \_\_\_\_\_ City/St \_\_\_\_\_ Home Phone \_\_\_\_\_

Email \_\_\_\_\_ Paid by: Check \_\_\_ Money order \_\_\_ Amount enclosed \_\_\_\_\_

Dates of Camp: \_\_\_\_\_

T-Shirt Size: Youth: S \_\_\_ M \_\_\_ L \_\_\_ Adult: M \_\_\_ L \_\_\_ XL \_\_\_ XXL \_\_\_

How did you hear about us? Web \_\_\_ Friend (Who?) \_\_\_\_\_ Flyer \_\_\_ Other \_\_\_\_\_

**Release: I give permission for my child to attend West Coast Baseball Camp and take part in all activities offered by the camp. I assume responsibility for any medical condition my child has, and assume responsibility for any medical treatment my child may require as a result of an injury during camp. I agree to release West Coast Baseball Camp, it's employees, and affiliates, from any liabilities, damages, or claims of any injury or accident arising out of my child attending the baseball camp.**

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_