

2011 THUNDER BASEBALL SCHOOL
SUMMER CAMPS @ FARRAGUT LITTLE LEAGUE FIELDS
APPLICATION

NAME _____

ADDRESS _____

EMAIL _____

PHONE _____

CELL _____

HOME _____

WORK _____

AGE _____

SCHOOL _____

(Please check which session(s) attending)

Cost: \$95/Camper

Time: 9:30 a.m.– Noon

- Session 1 (May 31 - June 3)
- Session 2 (June 6—9)
- Session 3 (June 13-16)
- Session 4 (June 20-23)
- Session 5 (July 11-14)

What To Bring:

Cleats or Tennis shoes
Bat and Batting gloves
Glove
Drinks

*Campers may wear shorts or baseball pants

*Please mark your equipment with your name

Included with application is \$ _____ Paid by Cash _____ Paid by Check _____

Make check payable to *Thunder Baseball School* and mail with application to:

Thunder Baseball School, 2510 Solway Rd., Knoxville, TN 37931

I authorize my child's participation in the *Thunder Baseball School Summer Camps*. I hereby waive, release, discharge & covenant not to sue the *Thunder Baseball School*, their employees and instructors from any and all liability, claims, demands, actions, and causes whatsoever arising out of or related to any loss, damage, or injury, including death, that may be sustained by my child, whether caused by the negligence of the releases, or otherwise while participating in such activity, or while in, on or upon the premises of *Thunder Baseball School*. Furthermore, I give the directors and instructors of *Thunder Baseball School* permission to transport my child to a medical facility if needed. I also give permission for any emergency medical care or treatment by a physician, surgeon, hospital, or medical care facility that may be required, and accept responsibility for the cost.

I hereby state that I am the legal guardian of said child.

Signature of Parent or Guardian

For more information call Thunder Baseball School @ 865-670-3900 or
visit the web site at www.thunderbaseballschool.com