

# 2018 Holiday Youth Baseball Camp

**-December 29th & 30th**

-Session 1: Grades 2-4

-Session 2: Grades 5-7

-LSN Field House

-Cost: \$30 Early Registration  
or \$40 Walk-up Registration

**“Come Learn How to Play Like a Bronco”**

Schedule:

- Session 1(Grades 2-4): 12-2PM
  - Day 1: Individual skills focus on hitting, pitching, fielding, and base-running.
  - Day 2: Team and individual skills competitions.
- Session 2 (Grades 5-7): 2-4PM
  - Day 1: Individual skills focus on hitting, pitching, fielding and base-running.
  - Day 2: Team and individual skills competitions.

Additional Information:

- Fill out the attached information sheet and waiver.
- Please arrive 15 minutes prior to your start time to get signed in.
- Please bring your own equipment: bats, gloves, tennis shoes, catcher's gear, etc.
- On the day of the camp, enter through the East doors of the school.
- Current LSN Baseball players will run the camp.
- Every player will receive an LSN Baseball T-shirt.
- Prizes will be awarded to the winners of the competitions.

--Please contact Coach Westacott at [michael.westacott@lsr7.net](mailto:michael.westacott@lsr7.net) with any questions.



\*Lee's Summit North High School Baseball Camp Registration

Name \_\_\_\_\_ Grade \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Birth Date \_\_\_\_\_

Home Phone \_\_\_\_\_

Emergency Contact: Name \_\_\_\_\_

Emergency Contact: Phone \_\_\_\_\_

Email Address \_\_\_\_\_

T-Shirt Size (Adult) S M L XL (Youth) XS S M L

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

I have no knowledge of any physical impairment that would be affected by the camper's participation in the camp program. I hereby authorize the coaches to act for me according to their best judgment in any emergency requiring medical attention. I further agree to waive all liability of the camp coaches for any accident, illness or other mishap which might befall the camper named on this application while traveling to or from, or during attendance at camp. I understand that neither the coaches nor Lee's Summit School District provides insurance for injuries incurred during a camp/clinic.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Name of insurance company \_\_\_\_\_ Policy no. \_\_\_\_\_

Please note any medical conditions that we should be aware of \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Camp early registration deadline: Please mail or turn into the school before **Dec.17**.  
LSN Baseball Camp, % Coach Westacott, 901 NE Douglas, LS, MO 64086

Please submit payment of check or cash with registration, checks can be made out to LSN Baseball.

**\*Online registration can be completed at [lsnbroncoscamps.com](http://lsnbroncoscamps.com)**