

# SUMMER BASEBALL CAMP



With Providence High School Coaches



Looking to have some fun and enhance your baseball skills during your holiday break? Well, join us for some quality instruction, small-group attention, competition, skill building, and fun.

**June 7<sup>th</sup> to 10<sup>th</sup>—June 14<sup>th</sup> to 17<sup>th</sup>—June 21<sup>st</sup> to 24<sup>th</sup>—June 28<sup>th</sup> to July 1st**  
**9:00 am – 1:00 pm**  
**(Early drop off available at 8:30)**  
**Providence Baseball Field**  
**Cost \$165**

Campers need to bring a bag lunch.... drinks will be provided  
Any questions?? Call 223-8821 or email [mmackiewitz@bellsouth.net](mailto:mmackiewitz@bellsouth.net)

To register:

1. Fill out application and permission form.
2. Enclose payment payable to **Mac Mackiewitz**
3. Return to Coach Mac at school or by mail to:

Mac Mackiewitz  
2551 Bentshire Drive  
Jacksonville, FL 32246

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Camper \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_ Previous camper? \_\_\_\_\_

Address \_\_\_\_\_ ZIP \_\_\_\_\_ Phone # \_\_\_\_\_

Parent Name \_\_\_\_\_ Work phone # \_\_\_\_\_

In case of emergency call: \_\_\_\_\_ Email : \_\_\_\_\_

The undersigned parent, guardian, or legal representative, hereby consents to the participation of \_\_\_\_\_ (name of camper) at the Baseball Summer Camp. For and in consideration of the child being allowed to participate in this camp, and other valuable consideration, the undersigned parent, guardian, or legal representative on behalf of the child and the child's parents, personal representatives, assigns heirs, and next of kin, do hereby release and hold harmless the Baseball Summer Camp, all organizers of this camp, all volunteers, chaperones, employees, and agents of the said parties, and their personal representatives or assigns from any loss or damage on account of any injury to the person or personal property of the child, or death, caused by negligence or otherwise, while the said child is engaged in the above stated camp and any activities of the camp. The undersigned expressly agrees that this release, waiver, and indemnity agreement is intended to be as broad and inclusive as permitted by the laws of the State of Florida and that if any portion of this agreement is held invalid, it is agreed that the balance shall; notwithstanding, continue in full legal force and effect. The undersigned parent, guardian, or legal representative further acknowledges that he/she is authorized to enter this agreement on behalf of the child, the child's parents, personal representatives, assigns, heirs, and next of kin.

I further authorize any representative of this camp to obtain medical treatment for my child in the unlikely event of an injury or illness during this camp, and I agree to pay any expenses incurred for such treatment.

Parent/Guardian/Representative \_\_\_\_\_ Date \_\_\_\_\_