

# Braves Baseball Summer Day Camp



2006 KCAC Conference Champs

**Dates: June 11th-14th**  
**1st Session: Ages 9-12**      **9am-12pm**  
**2nd Session: Ages 13-17**      **1:30pm-4:30pm**

**Contact: Coach Titus**  
**Phone: 785-242-5200 ex. 5415**  
**E-mail: titus@ottawa.edu**

## Camp Sponsors



Varsity Sports & Trophy

Please return to: Ottawa Braves Baseball 1001 South Cedar Box #7 Ottawa, KS 66067

Name \_\_\_\_\_ Age \_\_\_\_\_ Birthdate \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Position(s) \_\_\_\_\_ Parent/Guardian Name \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Parent/Guardian Work Phone \_\_\_\_\_

I give my permission for my son to participate in the Braves Baseball Camp knowing that it will contain vigorous physical activity that could lead to injury. I hereby authorize the directors of the Braves Baseball Camp to act for me to their best judgment in any emergency requiring medical attention. I know of no mental or physical problems that affect my son's ability to safely participate in this camp. I hereby waive and release the Braves Baseball Camp.

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

Check Desired Session  
 Session 1 \_\_\_\_\_ Session 2 \_\_\_\_\_

T-Shirt Size:    YL        S        M        L        XL        XXL  
 Email Address: \_\_\_\_\_ Amt. Enclosed: \_\_\_\_\_