



# BECKMAN CATHOLIC TRAILBLAZER BASEBALL CAMP

SATURDAY, MARCH 27, 2021

**Grades 3<sup>rd</sup> – 5<sup>th</sup>**

**1:00 – 3:00**

**Parent/Player Clinic – 12:00-1:00**

**Grades 6<sup>th</sup> – 8<sup>th</sup>**

**4:30 – 6:30**

**Parent/Player Clinic 3:30-4:30**

**This first hour will be a clinic for players and parents and the remaining 2-hours will be the camp for the kids.**

**COST: \$30.00 – includes t-shirt**  
**Checks: Beckman Catholic High School**

**Send to: Boys Baseball Camp**  
**Beckman Catholic HS**  
**1325 9<sup>th</sup> St. SE**  
**Dyersville, IA 52040**

**\*\*Please return form by March 15**

**Any questions email Jimmy Boeckenstedt @ [jboeckenstedt@beckman.pvt.k12.ia.us](mailto:jboeckenstedt@beckman.pvt.k12.ia.us) or call Beckman at 875-7188.**

**NAME:** \_\_\_\_\_ **GRADE (20-21):** \_\_\_\_\_

**PARENT'S:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_ **CITY/ST/ZIP** \_\_\_\_\_

**CELL:** \_\_\_\_\_ **ALT PHONE:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**T-SHIRT SIZE - Circle: YS YM YL YXL S M L XL 2XL**

I certify that \_\_\_\_\_ has my permission to compete in the 2021 Baseball Camp. I hereby accept full responsibility for my child in case of accident and for behavior. I understand that Baseball Camp Coaches, Beckman Catholic High School, or any of its agents or employee's cannot be held responsible in the event of an accident or lost items and do waive and release all right and claims of whatever nature they may be. MY CHILD IS INSURED IN CASE OF INJURY. I agree to the above terms and indicate compliance by my signature.

Signature of Parent or Guardian

Date