



7th ANNUAL BASEBALL SUMMER CAMP
THE ATHLETE'S EDGE AND WAYNESBORO INDIANS BASEBALL
JUNE 5 – 7, 2017 9:00 AM – 12PM

Scott Biesecker of The Athlete's Edge of Greencastle and Waynesboro HS Varsity Baseball Coach, Greg Chandler, along with his coaches and players are partnering up to run the 3-day camp at the WASHS Baseball Field with a portion of the proceeds going to support the Waynesboro Baseball team.

- The Camp is open to all non-high school players ages 8-14
- The Camp will cover all baseball fundamentals including hitting, pitching, catching, fielding, & base running
- Skills will be enhanced through drills, games, and fun!
- Camp cost is \$150. There is a multi-family discount of \$10 off the 2nd and 3rd participant

Camp Registration forms can be filled out below and returned by mail or dropped off at The Athlete's Edge located at 147 N. Antrim Way, Greencastle, PA 17225. They are also available on-line at www.athletesedgepa.com. Make checks payable to The Athlete's Edge (or call the Edge to pay by credit card).

Additional Summer Camps @ the Edge: Check website for dates and times @ www.athletesedgepa.com
Edge Baseball Academy @ Antrim Township Park
Session I: June 12-15 Session II: June 19-22 Session III: June 26-29

Please cut and return bottom portion with check payable to : The Athlete's Edge (or call to pay by credit card)

Waynesboro Camp Registration Form Dates: June 5 - 7, 2017 Time: 9 AM – 12 PM

Participant Name: _____ Age: _____ T-Shirt Size: Y or A _____
Participant Name: _____ Age: _____ T-Shirt Size: Y or A _____
Phone: _____ E-Mail: _____
Address: _____
Emergency Contact During Camp (Name): _____ Phone: _____

Please sign and date this waiver below and print your child's name. Thank you

I the undersigned, hereby certify that I am the parent or legal guardian of the camper. I further certify that the camper is physically capable of participating in the Clinic / Camp and all related activities. I hereby give permission for the staff of the The Athlete's Edge and Greg Chandler and his staff to seek appropriate medical treatment for the camper during the period of the Camp / Clinic and for the camper to receive medical attention in the event of an accident, injury, or illness. I will be responsible for all costs of medical attention provided. As a condition to the camper's participation in the camp, I, on behalf of the camper, our heirs, executors, and administrators, hereby waive, release and forever discharge The Athlete's Edge of Greencastle, including its owners, staff, and camp / clinic coaches ("Released Parties") from any and all liability, claims, demands, actions, and causes of action arising out of or related to any loss, personal injury, illness or property damage that may be sustained or occur during participation in (including periods or rest or other activities related to) or otherwise be associated with the Camp / Clinic and/or any duties or the breach of any duties that the Released Parties have or allege to have to the camper or the undersigned in connection with the camper's participation in the camp, whether or not such damages, injury or loss is due to the negligence, strict liability or other legal fault of one or more of the Released Parties.

Parent or Legal Guardian (Signature): _____ Printed: _____

Child's(Camper's)Name: _____ Date: _____

The Athlete's Edge of Greencastle, LLC
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