

**June 6-7 2022 MON & TUES**

**Session 1:** Grades 1-6 (This Fall)  
9:00 am-11:30am  
Day 1 Registration at 8:30am

**Session 2:** Grades 7-8 (This Fall)  
12:30 pm-3:00pm  
Day 1 Registration at Noon

**Cost of Camp**  
\$65 Per Camper by May 25th  
\$70 Per Camper after May 25th  
No Refunds

Make checks payable to:  
**CCSRD**  
**Mail player application to :**  
**Stampede Baseball Academy**  
**C/O Jeff Prieto**  
**1825 N. Phillip Ave**  
**Clovis, CA 93619**

# **SUMMER BASEBALL CAMP**

presented by  
**Clovis North**

To be held at  
**Clovis North High School  
Bronco Stadium**

**Players & Coaches**  
**Jeff Prieto** Clovis North Head Coach

**Dave Parker** Clovis North Hitters

**Cody Kendall** Clovis North Pitchers

**Henry Cazares** Clovis North Catchers

**Austin Anguiano** Clovis North JV HC

**Brandon Simon** Clovis North OF

In accordance with CIF bylaw 207, any athlete who transfers from School "A" to School "B" after having prior contact, during the previous 24 months, either directly or indirectly with school "B" prior to enrollment shall not be eligible at School "B" for 365 days from initial date of enrollment. This includes this camp, clinic, AAU, club team, and/or workouts.

## **Player Application**

Players Name: \_\_\_\_\_  
Grade: \_\_\_\_\_ Age: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Session 1 \_\_\_\_\_ OR Session 2 \_\_\_\_\_  
**Shirt Size: Youth M L XL**  
**Men's S M L XL XXL**

### **Medical Consent Form**

Parents Name: \_\_\_\_\_  
Home PH #: \_\_\_\_\_  
In Case of Emergency Contact:  
\_\_\_\_\_  
Phone: \_\_\_\_\_  
Name of Family Doctor:  
\_\_\_\_\_  
Phone: \_\_\_\_\_

We/I hereby give lawful authorization to any persons affiliated with the Clovis North Summer Baseball Camp authorization or consent which my child cannot legally give by reason of their physical condition, legal age or other cause, and by which may be required to obtain medical aid, attention, care, treatment and or hospitalization for said child I the event of a medical emergency.

I understand that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required, but is given to provide authority to said agent in case of medical emergency.

This authorization is given pursuant to the provisions contained in Section 25.8 of the Civil Code of California.

Signature: \_\_\_\_\_  
Date: \_\_\_\_\_

Please return by May 25, 2022  
Please label all equipment. Batting Gloves are recommended. The Clovis North Summer Baseball Camp is not responsible for lost equipment.



