

December 28-29 Wed/Thurs

Session 1: Grades 1-6

9:00 am-11:30am

Day 1 Registration at 8:30am

Session 2: Grades 7-8

12:30 pm-3:00pm

Day 1 Registration at 12pm

Cost of Camp

\$70 Per Camper by Dec. 19th

\$75 Per Camper after Dec. 19th

*If you don't register by Dec. 19th
a camp shirt is not guaranteed.

*If Session 2 #'s are low, the camp
could be condensed to a morning
session only.

Make checks payable to:

CCSRD

Mail player application to :

**Clovis North Winter Baseball
Camp**

C/O Jeff Prieto

1825 N. Phillip Ave.

Clovis, CA 93619

WINTER BASEBALL CAMP

To be held at

**Clovis North High
School
Bronco Stadium**

Players & Coaches

Jeff Prieto Clovis North, Head Coach

Brandon Simon Clovis North, Outfielders

Scott Isaak CN, Hitters/Infielders

Cody Kendall Clovis North, Pitchers

Henry Cazares Clovis North, Catchers

Austin Anguiano Clovis North, JV HC

Nico Rossi Clovis North, JV Asst

Chandler Lucas Clovis North, Frosh HC

Nick Lewis Clovis North, Frosh Asst

Clovis North Varsity Baseball Team

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 S M L XL

Men's S M L XL XXL

Medical Consent Form

Parents Name: _____

Cell #: _____

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 Winter 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 December 19th, 2022

Please label all equipment. Batting Gloves are recommended. The Clovis North Winter Baseball Camp is not responsible for lost equipment.