



# Cardinal Baseball Camps



## Future Cardinals Baseball Camp 1

July 13<sup>th</sup> – 14<sup>th</sup>  
1:30 - 3:30 P.M.

Each camper will receive a Cardinal  
Baseball Camp T-shirt and Gatorade.

Camp cost: \$50 dollars.

## Future Cardinals Baseball Camp 2

July 15<sup>th</sup> -16<sup>th</sup>  
1:30 - 3:30 P.M.

Each camper will receive a Cardinal  
Baseball Camp T-shirt and Gatorade.

Camp cost: \$50 dollars.

- Cardinal coaching staff will provide instruction on hitting, fielding, pitching, base running, gameplay and much more
- Students entering grades 2<sup>nd</sup> – 8<sup>th</sup> are eligible to attend ALL camps
- Walk-ins are accepted and welcomed but *due to COVID-19 Restriction, we cannot promise a spot for walk-ins. Each camp is limited to 60 total players*
- All camps will be at Firefighter’s Memorial Park (off of Airport Road)
- Rain out date for canceled days is Friday, June 26<sup>th</sup>
- Campers should bring a glove, bat, helmet and water bottle. Hand sanitizer is also recommended.
- Registration forms also available online at [www.mbscwi.com](http://www.mbscwi.com)

### Covid-19 Precautions:

- Campers are welcomed to wear masks
- Campers will practice social distancing during instruction/activity as much as possible
- Instruction groups will be limited to 15 players. *Each camp is limited to 60 total players*
- Campers will not be allowed to share baseball equipment, hats or water bottles
- Campers will share baseballs – hand sanitizer will be provided at every station

### Payment:

- Make check payable to the Middleton Baseball/Softball Commission (MBSC)
- Cut and mail bottom portion of this form along with payment to: Middleton Baseball PO Box 620823 Middleton, WI 53562.

Name \_\_\_\_\_ School \_\_\_\_\_

Address \_\_\_\_\_ Phone # \_\_\_\_\_

Grade Level \_\_\_ Parent/Guardian \_\_\_\_\_

Circle Session(s) Future Cardinals Camp: 1 2

Please circle a shirt size: Youth M L Adult S M L XL

I hereby give my permission for \_\_\_\_\_ to attend the Cardinal baseball camp. I agree that in the event of injury and/or illness, the coaching staff and MBSC shall not be held responsible or liable.

I also give my permission for the staff to administer first-aid if necessary. Each participant will be responsible for his own insurance.

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