



## Player & Parent Contact Information

Date of camp

Days attending camp    Monday    Tuesday    Wednesday    Thursday    Friday

How'd you hear about this camp?

Player's name

Age (must be 9-12 years old)

Grade entering in Fall

School

Any allergies?

Any medical issues?

Relationship to Player

Guardian's Name

Email address

Mobile number

Nick name?

Walkup song

**Position**

**Skill Level**

**Infield**

← Please indicate the *specific infield or outfield positions* your ballplayer plays currently. ***We do not focus on pitching at this camp.***

**Outfield** (Left, Center, or Right field )

**Is your player a catcher ?**

**If Yes to the above, does your player have equipment?**

**Is your player interested in learning to be a catcher?**

**PLEASE NOTE:** Camp days are weather permitting. No refunds will be extended.

This form **must be signed and returned** to [forms@runnergunner.com](mailto:forms@runnergunner.com) 48 hours prior to the start of camp.