Player & Parent Contact Information

Date of camp July 22 - 24

Days attending camp Monday ☑ Tuesday ☑ Wednesday ☑

How'd you hear about this camp?

Player's name _____

Age (must be 9-12 years old)

Grade entering in Fall

School _____

Any medical issues? _____ Any allergies? _____

Guardian's Name _____ Relationship to Player _____

Mobile number _____ Email address _____

Walkup song _____ Nick name? _____

Jersey size: (circle one) Youth S Youth M Youth L Adult S Adult M Adult L

	Position	Skill Level 1 = Rookie 3 = Minors 5 = MLB
Infield	SS	5 = Highlight re
Outfield (Left, Center, or Right field)	SS	5 = Highlight re

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

Is your player a catcher ? Yes No

If Yes to the above, does your player have equipment? Yes No

Is your player interested in learning to be a catcher? Yes No

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

*This form **must be signed and returned** to forms@runnergunner.com 48 hours prior to the start of camp.*