

# Blue Streak Week-Long Baseball Camp

August 6th - August 10th –  
Beachwood (Fairmount Elementary School)

Blue Streak Sports is once again offering you a week of fun, excitement, skill development and memories to last a lifetime. The week-long day camp runs from 9:30 a.m. to 2:30 p.m., Monday through Friday. During that time, you will receive instruction from area college and high school coaches and college players; plus, **guest appearances by Frank Hermann and Jason Kipnis**. Campers bring their own lunch, batting helmets, bats and gloves. We supply baseballs and all other equipment!

***The \$265.00 CAMP TUITION INCLUDES:***

- Guest appearances by FRANK HERMANN and JASON KIPNIS
- 5 days of professional baseball instruction
- 1 “Cleveland Indians Baseball Camp” T-shirt
- 1 Limited Edition “Cleveland Indians Baseball Camp” baseball

-----REGISTRATION FORM-----

Camper's Name \_\_\_\_\_ Birthdate: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mothers Name: \_\_\_\_\_ Cell \_\_\_\_\_

Parent Email: \_\_\_\_\_

Father: \_\_\_\_\_ Cell \_\_\_\_\_

T-Shirt Size (circle one): YS - YM – YL - S - M – L – XL - XXL

PARENTAL CONSENT FORM

I hereby request that you accept this application for enrollment of my child for the Olentangy All Sports Camp. In consideration of your acceptance of this application I hereby release Jason Kipnis, David Huff, Blue Streak Summer Camps Inc., City of Beachwood and all of its employees from all claims on account of injuries which may be sustained by my son or daughter while attending the camp. I also agree to indemnify Jason Kipnis, David Huff, Blue Streak Summer Camps Inc., City of Beachwood and all of its employees for all claims that may hereafter be presented by our son or daughter as a result of any such injuries. In the event of sudden illness or accident when I cannot be reached, I authorize the camp to transport my child to an appropriate medical facility. I also consent to the performance of such treatment and/or emergency procedures as deemed necessary or advisable by the hospital staff member in charge of the emergency receiving room.

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SIGNATURE OF PARENT OR GUARDIAN DATE

Credit Card: Visa \_\_\_ Mastercard \_\_\_ Discover \_\_\_ Card

Number: \_\_\_\_\_ Exp. date \_\_\_\_\_

**If paying by personal check, the full amount (\$265.00) should be made payable to: Blue Streak Summer Camps, Inc.** Checks should be remitted along with this form to: Cleveland Indians Camp, 9155 Old Meadow Drive, Chagrin Falls, Ohio, 44023. Player and coach appearances are subject to change or cancellation without notice. A \$15.00 fee will be applied to all returned checks. A \$10.00 handling/registration fee will be charged with each credit card payment. There are no refunds including power outages and any cancellations as a result of acts of Mother Nature. You may also fax this registration to 440-287-7634. For more information call - 440-287-7644 or go to:

**[www.BlueStreakCamps.com](http://www.BlueStreakCamps.com)**