

## Southeast Texas Baseball Academy Summer Camps



Camp #1: July 10-12 (Tues-Thurs) 9-Noon  
Camp #2: July 17-19 (Tues-Thurs) 9-Noon  
Camp #3: July 24-26 (Tues-Thurs) 9-Noon



### Ages 4 to 15

1 Camp - \$75

2 Camps - \$125

All 3 Camps - \$150

**Family Discount:** \$25 each additional child of same household

Camps are run by 8 year Major Leaguer Jason Tyner. All camps will cover hitting, fielding & base running. You must pre-register. Please bring tennis shoes and baseball equipment. No Metal Spikes. Parents are welcome to stay and hang out, but it is not required. All camps are Tues-Thursday from 9:00 - Noon each day. Please arrive 30 minutes early for check-in.

Make Checks payable to: SETBA; PO Box 20412; Beaumont, Tx 77720-0412  
For more information call 409.842.3900 or email tyner@setexasbaseballacademy.com

**Register and/or pay online at [www.setexasbaseballacademy.com](http://www.setexasbaseballacademy.com)**

Camper Name \_\_\_\_\_ Age \_\_\_\_\_

I will attend: \_\_\_\_\_ All Camps or \_\_\_\_\_ Camp #1: July 10-12  
\_\_\_\_\_ Camp #2: July 17-19  
\_\_\_\_\_ Camp #3: July 24-26

Parent/Guardian Name \_\_\_\_\_ Contact Phone # \_\_\_\_\_

Parent/Guardian Email \_\_\_\_\_ 2<sup>nd</sup> Phone # \_\_\_\_\_

### **Recognition & Assumption of Risk Agreement (must be read & signed)**

I, the undersigned parent/legal guardian of the camper above, authorize my child's participation in the SETBA Baseball Camp. It is my understanding that participation in the activities that make up the camp is not without some inherent risk of injury. In consideration of my child's participation in the baseball camp, I hereby release, waive, discharge, and covenant not to sue the camp, Scholarship Foundation, or the camp instructors and workers from any and all liability, claims, demands and causes of action resulting in damage, or injury, including death, that may be sustained by my child, whether caused by the negligence of the releases, while participating on or upon the premises where the activity is being conducted. I agree to follow all instructions to maintain a maximum level of safety. I also understand that a medical insurance policy carried by the Southeast Texas Baseball Academy will provide only minimum coverage and that I should make sure my child is covered in the event of a serious accident. I also give my permission for any emergency medical care or treatment by a physician, surgeon, or medical care facility that may be required, and accept responsibility for the cost.

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