

Southeast Texas Baseball Academy Summer Camps



Summer Camp #1: June 11-13 (9am-Noon) Tues-Thursday

Summer Camp #2: June 18-20 (9am-Noon) Tues-Thursday

Summer Camp #3: July 9 - 11 (9am-Noon) Tues-Thursday

(Check in will be Tuesday @ 8:30 for each camp)



Ages 4 to 15

1 Camp - \$75

2 Camps - \$125

All 3 Camps - \$150

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

The camp will be hosted by 8 year Major League Player, Jason Tyner. There will be other current/former college and professional baseball players assisting in the camp too. Camps will cover hitting, fielding, proper throwing mechanics and speed work. Parents are welcome to stay, but it is not required.

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

Camper Name _____ Age _____

I will attend: _____ All Camps or _____ Camp #1: June 11-13
_____ Camp #2: Jun3 18-20
_____ Camp #3: July 9-11

Parent/Guardian Name _____ Contact Phone # _____

Parent/Guardian Email _____ 2nd 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** _____