

**SAN RAMON VALLEY BASEBALL  
STRENGTH & SKILLS CAMP**

Baseball Strength and skills training will take place at San Ramon High School every **Tuesday, Wednesday, and Thursday from June 29th thru August 5th 2010**. Any student athlete Grades (7-12) is encouraged to participate.

The schedule is as follows:

<b>9<sup>th</sup>-11<sup>th</sup></b>	<b>Grade(current grade)</b>	<b>9am</b>	<b>-</b>	<b>11am</b>	<b>Tues, Wed, Thurs</b>
<b>7<sup>th</sup>/8<sup>th</sup></b>	<b>Grade(current grade)</b>	<b>11am</b>	<b>-</b>	<b>1pm</b>	<b>Tues, Wed, Thurs</b>

The goal of this program is to help players develop and improve their baseball skills, as well as enhance their overall strength and quickness. Instruction/training will cover: throwing, hitting, fielding, pitching, and baserunning. Please contact Coach deClercq if any scheduling conflicts occur.

Please bring glove, bat, and baseball hat. (Bats are available for players who do not have their own).

The price for the program is \$300.00 which includes:

- 1) Carefully planned and monitored strength & conditioning workouts.
- 2) Baseball skills instruction.
- 3) SRV Baseball t-shirt and shorts.

Questions? Call Chris deClercq, SRVHS Head Baseball Coach, (925) 890-1207 email: **cdeclercq24@hotmail.com**

*NCS Champions 1991, 1999, 2004*

*EBAL Champions 1999, 2003, 2004*

*NCS Playoffs 1991, 1992, 1994, 1996, 1997, 1998, 1999, 2000, 2001, 2002, 2003, 2004, 2007, 2009*

\*Please return the bottom portion of this form, the attached liability waiver, and a check for \$300.00 made out to **SAN RAMON VALLEY BASEBALL** as soon as possible.

**Mail to:**

San Ramon Valley High School  
501 Danville Blvd.  
Danville, CA 94526  
ATTN: Chris deClercq

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NAME: \_\_\_\_\_ PHONE # \_\_\_\_\_

PARENT'S NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

INSURANCE CARRIER \_\_\_\_\_ POLICY # \_\_\_\_\_

SHIRT SIZE \_\_\_\_\_ SHORT SIZE \_\_\_\_\_

EMERGENCY PHONE #(s) \_\_\_\_\_

GRADE (Fall) \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_

**PARENT/STUDENT CONSENT AND WAIVER OF LIABILITY FOR  
LEAGUE, TOURNAMENT, AND CAMP PARTICIPATION**

PARTICIPANTS NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

SCHOOL: \_\_\_\_\_

GRADE: \_\_\_\_\_ AGE: \_\_\_\_\_

NAME OF CAMP:  
\_\_\_\_\_

I hereby give my consent for the above named student to compete and participate in the above referenced Camp. I, the undersigned, hereby release and discharge both the organizers and operators of the "Camp" and the San Ramon Valley Unified School District, their officers, employers, agents, servants and volunteers (herein collectively referred to as "Camp/District") from all liability arising out of or in connection with the above described activity or all liabilities associated with any and all claims related to such activity that may be filed on behalf of or for the above named minor. For the purposes of this agreement, liability means all claims, demands, losses, causes of action, suits or judgments of any and every kind that occurs during the above described activity and that results from any causes including the active or passive conduct and/or negligence of the Camp/District.

I acknowledge on my behalf and on the behalf of the above named minor that there are risks that are inherent in the above described activity, including the risk of serious injury that may occur through the conduct of other participants, coaches, Camp/District, including conduct that may not be part of the ordinary risks of the activity itself. For example, injury may occur through conduct that is not authorized by the rules and regulations of the activity. This release and waiver as set forth in the above paragraph shall also apply to this type of conduct and any resulting injury.

I also represent that the above named participant has undergone a medical examination by a licensed physician within one year preceding the date this document is signed, is in good health, and fully able to participate in the activities provided by the camp, including activities which are strenuous in nature.

I have carefully read this waiver and release of ability and fully understand its terms and condition and understand that by signing this document that I have given up substantial rights for the named participant/minor and myself.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Print Name

\_\_\_\_\_  
Participants Signature

\_\_\_\_\_  
Date