

Niagara Power Camp

July 15th - July 17th



A Experience You Will Not Forget!

The Niagara Power baseball team will be hosting a camp July 15th-17th to the public. You will get hands on training with the players and coaches.

Price: \$60

Time: 9am - 12 pm

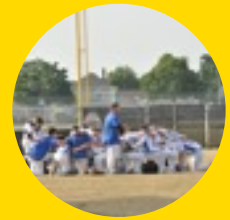
Open to ages 6-12 years of age and all skill levels

All Participants will receive a T-shirt and water bottle.

Camp will begin with role call and warm-ups. We will then break up into groups by area of focus: fielding, hitting, catching and pitching.

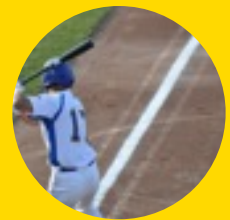
WAIVER AND INSURANCE

Insurance and your signature are required for your child to participate in the Niagara Power Youth Baseball Camp. Please be sure to include information with your registration. The waiver will be attached.

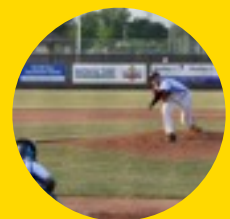


What to bring:

Cleats
Glove
Baseball bat
Catching gear (if you have it)
Snack & water bottle



All participants will wear baseball pants (for sliding), shirt and socks.



Location: Sal Maglie Stadium

1201 Hyde Park Blvd, Niagara Falls, NY 14301

REGISTRATION FORM

Player's Name: _____

Address: _____

City: _____

State: _____ Zip Code: _____

Emergency Phone: _____

Age: _____ Primary Position: _____

Shirt Size (circle): Adult or Youth S M L XL

HEALTH INSURANCE

Insurance Provider Name: _____

Policy #: _____

Physician Name: _____

Physician's Phone #: _____

NIAGARA POWER BASEBALL

Niagara University

PO Box 2012

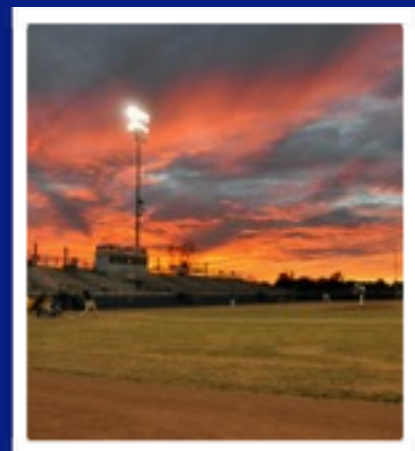
Niagara University, NY 14109

Phone: 716-286-8653

E-mail: niagarapowerbaseball@gmail.com

www.niagarapowerbaseball.com

Please make checks payable to: Niagara Power Baseball



WAIVER STATEMENT

I acknowledge that Niagara University has made no representations concerning the operation, supervision, staffing, equipment, or any other aspect of the youth camp. I release and forever discharge Niagara University of and from all forms of actions, causes of action, suits, damages, judgements, expenses, claims and demands whatsoever in law or in equity, that my child or I or our successors assigns, heirs or distributes may have against Niagara University for any claim directly or indirectly arising from or out of my child's attendance at the youth camp as described in this registration. I understand that any camper who does not abide by the rules and registrations established by the university is subject to dismissal without reimbursement or recourse. If enrollment is filled, early notification will be given and deposit will be returned. I hereby authorize employees of the youth camp to act for me according to their best judgement in any emergency if I cannot be contacted. All medical information pertaining to this registered camper is accurate and up to date.

_____ **Please check that you agree with the waiver and release.**

Parent signature: _____

