



**ST. FRANCIS XAVIER HIGH SCHOOL
BASEBALL ACADEMY
2012 WINTER CAMP**

**MARK RANDALL
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MARK.RANDALL@ECSD.NET**

CAMP DATES:

JANUARY 10,12,15,17,19,22,24,26,29,31
FEBRUARY 2,5,7,9,12,14,16,19,21,23,26,28
MARCH 1,4,6,8,11,13,15,18,20,22,25,27,29
APRIL 1,3,5,8,10,12,15,17,19,22,24,26,29

FEE \$750

**PLEASE MAKE ALL CHECKS PAYABLE TO ST FRANCIS XAVIER HIGH SCHOOL.
IF PAYING VIA CHQ PLEASE CONFIRM WITH MARK RANDALL OR EMAIL CREDIT CARD INFORMATION**

MASTERCARD/VISA#: _____ EXP _____

NAME: _____

NAME OF PLAYER: _____

GRADE: _____

SHIRT SIZE: _____

DATE OF BIRTH: _____

STREET ADDRESS: _____

CITY: _____

POSTAL CODE: _____

E-MAIL ADDRESS: _____

PHONE: _____

HEALTH CONCERNS/DISABILITIES: _____

EMERGENCY CONTACT: _____

EMERGENCY PHONE: _____

My signature below confirms that my child is in good health and may participate in the St FX baseball academy winter camp. I grant permission for my child to be given treatment at a local hospital if deemed necessary. I hereby waive all claims and liabilities against St Fx baseball academy winter camp, its staff and representatives arising from the risks inherent in the nature of the activities and participation in the camp.

SIGNATURE/DATE _____