

Cornerstone Baseball Camp 2009

Dear Parents,

A warm welcome to Baseball Camp 2009. The objectives of our program are to develop baseball skills, promote teamwork and Christian values. The program will be **limited to 60 participants**. Children 4 years old (Pre K) as of April 2009 through sixth grade in the fall of 2009 meet the age requirement. There are no exceptions. Please contact us at the church office (415) 566-5756, if you have any questions or concerns.

Date: July 5th – July 26th (Sundays)

Time: 2:00 PM – 3:00 PM (Pre K)
2:00 PM – 4:00 PM (K-6)

Place: Sunset Playground on Lawton St. (between 28th Ave and 29th Ave)

Grades: Pre-K- 6th (Fall 2009)

Cost: \$20.00 (Pre K), \$40.00 (K-6)

To register for the program, please send or bring the registration form and fee (make checks payable to Cornerstone Trinity Baptist Church).

Cornerstone Trinity Baptist Church
Attn: Jennifer Okano
1925 Lawton Street
San Francisco, CA 94122

Deadline for registration is June 28th, 2009 or until all available spaces are filled. Your child is not officially registered unless payment accompanies the signed form. **RULES OF CONDUCT WILL BE DISTRIBUTED TO REGISTERED PARTICIPANTS.**

Sincerely,

Rev. Daniel W. Yee --Cornerstone Trinity Softball Ministry

Detach and Return

2009 CORNERSTONE BASEBALL CAMP PERSONAL LIABILITY RELEASE AND WAIVER FORM

Child's Name: _____ Date of BIRTH (mm/dd/yy) _____

Address: _____ City: _____ Zip _____

Provide your email to receive your acknowledgement (PRINT CLEARLY) e MAIL: _____

Home Phone # _____ Pager # / Cell Phone # _____

Choose child's SKILL LEVEL : Beginner Intermediate

Grade in the Fall of 2009 _____ Age _____ Boy _____ Girl _____ T-SHIRT SIZE (circle one) M L XL

I give permission for my child to participate in the Cornerstone Trinity Baptist Church (CTBC) Baseball Camp. I understand that I will not hold CTBC, its staff or agents liable for any accident, illness or injury that may occur. In addition, in case of accident, illness, or injury, I hereby grant permission for medical attention to be administered to my child.

Parent's / Guardian's Signature _____

In case of emergency, please contact (between 2PM-4PM Sundays) Name: _____ Phone: _____

FOR LEAGUE USE ONLY

RECEIVED BY _____ TIME/DATE _____ AMT REC'D _____