

# 2017 KAWS BASEBALL SKILLS CAMP

June 12, 2017 from 9 am to 12 pm

Perry Lecompton High School Baseball Field

Grades 2-8 and incoming Freshmen



Improve your skills and learn some new fundamentals with current  
Kaws players & coaches.

\*Bring Glove, bat (if you have one), cleats or tennis shoes, shorts, sweats or  
baseball pants, baseball hat

**\$20 per player**

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Please detach and mail with registration.

2017 Kaws Summer Baseball Camp

Players Name \_\_\_\_\_ Parents Name(s) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Cell # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Work phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Email address \_\_\_\_\_ 2017-18 grade \_\_\_\_\_ School \_\_\_\_\_

Family Insurance Provider \_\_\_\_\_ (Campers will be partially covered by a group accident policy. This will serve as a secondary coverage to your family insurance)

T-shirt Size (circle one): YS YM YL YXL AS AM AL AXL

\_\_\_\_\_ (participant name) has my permission to participate in the Kaws Baseball Skills Camp. My child is physically fit to participate in vigorous activity. I further understand neither PLHS, USD #343, or anyone associated with the camp will be held responsible for accident or illness. I authorize the camp director to act for me in any emergency situation.

X \_\_\_\_\_  
Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Emergency contact \_\_\_\_\_ Phone # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Please make checks payable to Kent Houk Attn: Kaws Baseball and mail to  
**831 Massachusetts Street, Lawrence, KS 66044**  
Please contact Kent Houk at [khouk@travellersinc.com](mailto:khouk@travellersinc.com) if you have any questions  
\* In case of inclement weather please check twitter  
**@KawsBaseball**