



# West Milford Community Services and Recreation



is sponsoring

# Professional Baseball Instruction

## New Jersey's FINEST Full-Time Baseball Instructional School

**Come and experience PBI's outstanding BASEBALL CAMP and develop solid fundamentals in all aspects of "THE GAME" – hitting, fielding, throwing, sliding, pitching, catching. PBI's entire program has been designed by current and former professional baseball players and coaches to help take your game to the next level.**

***SPACE IS LIMITED – SIGN UP EARLY!***

**CAMP DATES:**

**JULY 26 – JULY 29**

(IN CASE OF RAIN, REPORT TO WMHS GYM)

**TIME:**

**9:00 AM - 1:00 PM**

**AGE:**

**7 - 12 YEAR OLDS**

**COST:**

**\$169.00** (Checks payable to W.M. Community Services and Recreation)  
\$10.00 ADDITIONAL FOR NON-RESIDENTS

**PLACE:**

**HILLCREST FIELD AT HILLCREST COMMUNITY CENTER**  
(IN THE WMHS GYM IN THE EVENT OF INCLEMENT WEATHER)

**Exciting  
New  
Camp**

For further information regarding PBI baseball programs go to [www.baseballclinics.com](http://www.baseballclinics.com)

Complete the form below and return it with your check (made payable to WMCSR) to:  
West Milford Community Services and Recreation, 1810 Macopin Road, West Milford, NJ 07480  
(973) 728-2860

**Summer 2010 Baseball Camp - (baseballcamp: 972)**

NAME \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS: \_\_\_\_\_ TOWN: \_\_\_\_\_ ZIP: \_\_\_\_\_

GRADE IN FALL: \_\_\_\_\_ AGE \_\_\_\_\_ BIRTHDATE \_\_\_\_\_

NUMBER WHERE PARENTS CAN BE REACHED DURING CLASS: \_\_\_\_\_

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

My signature below verifies that my child/participant can participate in this class. I understand photos may be taken for publicity purposes and that Recreation reserves the right to revoke the enrollment of a participant if his/her behavior negatively affects the quality of the class for the other participants. There will be no refunds once the class has begun. The Department reserves the right to cancel any class. In the event that I cannot be reached, I give the Recreation Dept. permission to seek medical assistance for my child should it become necessary. As in any activity, there are inherent risks, and injuries that may occur. I hereby release and discharge the Township of West Milford, its agents, employees, appointed officials, volunteers, commissions, or associations from any and all actions for losses, damages, or personal injuries to myself or my child which may occur or arise out of my or my child's participation in the above activity.

PARENT'S NAME ( Please Print) \_\_\_\_\_

PARENT'S SIGNATURE \_\_\_\_\_

**FOR OFFICE USE ONLY:** RECEIPT # \_\_\_\_\_ DATE: \_\_\_\_\_ AMOUNT PD: \_\_\_\_\_

Cust# \_\_\_\_\_ Part # \_\_\_\_\_