

# Cheyenne Mountain High School Baseball Clinic

## State Champions 2009, 2011

The Cheyenne Mountain coaching staff and players are proud to join hands with the West El Paso Baseball (WEB) Organization in providing a youth baseball clinic July 17-18, 2012. This is a 2-day clinic that will provide your child with 6 valuable hours of instruction covering all facets of the game. The clinic will include a camp T-shirt. All sessions conducted at El Pomar Youth Sports Complex.

Mark Swope,  
Head Coach  
Cheyenne Mountain Baseball

Player's Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

Parent's Name \_\_\_\_\_

Parent's Email Address \_\_\_\_\_

Emergency Phone #: Cell \_\_\_\_\_ Work: \_\_\_\_\_

Player's Age as of 4/30/2012: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

West El Paso Baseball 2012: Name of Team: \_\_\_\_\_ Division: \_\_\_\_\_

Player's Shirt Size

YS \_\_\_\_\_ YM \_\_\_\_\_ YL \_\_\_\_\_ AS \_\_\_\_\_ AM \_\_\_\_\_ AL \_\_\_\_\_ AXL \_\_\_\_\_

Select Session	Dates	Times	Age	Fee
_____ Session 1	July 17-18,	9 a.m. - 12 p.m.	Ages 9-11	Price \$35.00
_____ Session 2	July 17-18,	1 p.m. - 4 p.m.	Ages 12-15	Price \$35.00

Questions please contact WEB at 719-648-5171 or email [westelpasobaseball@comcast.net](mailto:westelpasobaseball@comcast.net)

### Payment

Check \_\_\_\_\_ Money Order \_\_\_\_\_

Please make out payment to Cheyenne Mountain Indian Baseball **(Please bring your canceled check on the day of the camp this will be your receipt.)**

Send check and registration form to: West El Paso Baseball

Attn: Cheyenne Mountain Baseball Camp  
PO Box 60872  
Colorado Springs, CO 80960

#### INSURANCE WAIVER:

Signature of player and parent or guardian waives and releases WEB and Cheyenne Mountain Indian Baseball from any and all liability from any injury or illness incurred while attending the camp.

Player Signature Date: \_\_\_\_\_

Parent/Guardian Signature Date: \_\_\_\_\_