



12999 Murphy Road, Bldg. H-1, Stafford, TX 77477 * 713-269-0678

2010 Summer Baseball Camp

AT

WEST UNIVERSITY Main Campus - University Blvd.

Texas Baseball Academy would like to invite your young baseball player to another TBA summer camp held at the West University Little League Field Complex on University Blvd. Each camp will be held Monday through Thursday from 9:00 am to noon, with Friday as a rain make up day if needed and the cost is \$165.00 per camp session or daily fee of \$50.00. The Texas Baseball Academy staff will conduct a series of stations in throwing, fielding, catching and hitting that will provide the opportunity for each camp participant to learn and practice the skills necessary to play the game of baseball competitively, while also having fun playing competitive games.

**** NO Refunds for camps conducted for 3 days. Money for concessions if desired.**

To Reserve a camp slot call David Moss at 713-269-0678 or email at ddmossey@swbell.net

Summer Camp 2010 Schedule

Ages: 5 – 6 & 7 - 11 \$165.00 per Camp Monday-Thursday 9am – Noon

Camp 1 - June 7 - 10

Camp 5 - July 12 - 15

Camp 8 - August 16 - 19

Camp 2 - June 14 - 17

Camp 6 - July 19 - 22

Camp 3 - June 21 - 24

Camp 7 - July 26 - 29

Camp 4 - June 28 - July 1

Player's Name: _____ Age: _____ Parent/Guardian: _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Emergency Phone: _____

Email: _____ Camp #: _____

Cost of Camp: \$165.00 Daily: \$50.00 Make Checks Payable to: Texas Baseball Academy or TBA

Authorization and Release

I hereby release Texas Baseball Academy and its instructors for, from and against any and all liability, injury sustained, damage to or loss of personal property arising directly or indirectly while enrolled in a Texas Baseball Academy Camp. I acknowledge my child/ward is participating in the Baseball Camp at his/her risk. I hereby authorize Texas Baseball Academy to secure medical attention for my child/ward in any emergency where they deem it appropriate. I certify that I currently have medical/hospitalization insurance:

Company: _____ Policy#: _____

Parent Signature: _____ Date: _____

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