

Dear Baseball Player,

The GCSBL would like to invite you to attend the Reds Stars Baseball Camp~Featuring Jay Bruce to be held July 16 – 18 this summer in Cincinnati. By registering through our organization, you will receive \$10 off the regular registration price of \$149. Also, ProCamps will provide our organization with an additional \$10 contribution. If registering on-line, please enter our organization's "Coupon Code" of RS GCSBL



July 16 – 18, 2009 • Sycamore High School

Reds Stars Baseball Camp~Featuring Jay Bruce APPLICATION

FULL TUITION MUST ACCOMPANY THIS APPLICATION. Send completed registration form along with check or money order for \$139.00 (no cash) payable to: Reds Stars Baseball Camp, c/o ProCamps, 7165 E. Kemper Rd, Cincinnati, Ohio 45249. Refunds for any reason, less \$35.00 handling fee, will only be available until July 2, 2009. (Two weeks prior to the start of camp.)

PERSONAL INFORMATION (Please complete)

Camper Name _____ Home Phone _____

Address _____ City _____ State _____ Zip Code _____

Grade Entering _____ Birthday(xx/xx/xxxx) _____ Gender _____ School _____

Preferred Doctor _____ Doctor Phone _____

Preferred Hospital _____ Hospital Phone _____

Hospital Address _____

Medical History (allergies, injuries, etc.) _____

Parent / Guardian Name (first & last) _____ Work/Cell Phone _____

Parent's Email Address* _____

The signature below authorizes ProCamps to charge my Visa or Master Card account **\$145.00** (includes \$6.00 convenience fee)

Card Type (circle one) Visa Master Card Account Number _____

Signature _____ Expiration Date _____

I, the undersigned, submit that my son or daughter is physically fit to participate in strenuous athletic activity and release the Reds Stars Baseball Camp, Sycamore High School, Sycamore Community Schools, the Cincinnati Reds, the Reds Hall of Fame, ProCamps, Ltd, Jay Bruce, Featured Guests, and all sponsors from any and all responsibility for injury or illness. I hereby authorize the directors of the camp to act for me according to their best judgment in an emergency requiring medical attention. I understand that I am solely responsible for the payment of any such medical expenses and provide the camp proof of medical and accident insurance. I verify that I am in compliance with my state's high school athletic association's regulations. I also understand that my deposit is subject to a handling fee. I consent to ProCamps, Ltd, its agents, and photographers taking and/or using photographs of my son/daughter for promotional/marketing purposes.

Parent or Guardian Signature _____

Date _____

Emergency Phone Number _____

*For the quickest processing of your registration and payment, please include email address. A confirmation e-mail/letter and additional medical information will be sent to each participant upon acceptance into the Reds Stars Baseball Camp. Specific site information will be included with your confirmation. Please note if paying by credit card, a charge for ProCamps/Thrive will appear on your statement. For additional information, please call 513/793-2267.

PHONE- 513.793.2267

PROCAMPS
WORLDWIDE

FAX- 513.297.7205