



Summer 2024 Baseball Sports Camp

Application

Parent's Information	1	Student's Information
Parent's First Name:		First Name:
Parent's Last Name:		Last Name:
Pick up Name:		Date of Birth: / / Age:
Address:		Gender: Male 📋 Female 🔲 Grade:
Town:		Medical Condition: Yes 🗌 No 🗋 (If Yes please fill out
Zip:		Emergency Contact:
Email:		Emergency Phone:
Home Phone:	Work:	Cell:

Sessions	1	2											
Weeks Available	7/8 🔲	7/22 🔲											
Typical Daily Schedule	e Ages 6-14						Price		Additional Information Please fill out all of the man- datory State forms. A deposit of 25% of the program fee is				
8:00–9:00 AM	Early Drop Off (Games)						Included		required to register and hold a place in each session. Full				
9:00-9:30 AM	Dynamic Warm-Up							amount of the weekly program fee is due 2 weeks prior to the					
9:30-9:45 AM	Water/Bathroom Break								start of each weekly ses- sion. Payments are refundable minus a cancellation fee of				
9:45-10:15 AM	Topic of the Day Demonstration												
10:15-10:45 AM	Drills & Technique Work								10% of the cost of the pro- gram for cancellations 2 weeks prior to the session start date.				
10:45-11:00 AM	Water/Bathroom Break									If you checked the box Medical			
11:00-11:15 AM	Review and Adjustments of Drills							Condition, please fill out the medical form. please check the					
11:15-12:00 PM	Game Time								weeks you would like to sign up for. Please call Dallas if				
12:00 - 2 PM	Swimming (optional)							\$96.00		you have any o can assist you	you have any questions so we can assist you.		
	Weekly 1/2 Day 9 - 12 PM						\$299.00			245-9444			
Fees		Total for the Week				e Week			Info@tcsscamp.com				
Make Checks Payable to: Madison Racquet & Swim Club P.O. Box 508 Madison CT 06443		Payment Information Check: Check #											
		Credit Card Type 🗌 MC 🔲 Visa Exp. Date					/ /						
Notes:		Credit Card Number:				CVV#							
			Amount paid: (25% Deposit Due)										