

SOUTHWEST MONTANA BASEBALL CAMP



**RYAN WARDINSKY - MAJOR LEAGUE SCOUT - MIAMI MARLINS
JEFF LEPROWSE - HEAD COACH - BUTTE MINERS
JOHNNY GRAHAM - HEAD COACH - BELGRADE BANDITS
CRAIG SMITH - ASSISTANT COACH - BUTTE MINERS**

THURSDAY, JULY 12, 2018

**Hosted by Butte Miners - Miner's Field
Copper Mountain Recreation Complex
Beef Trail Rd., Butte, MT 59701**

**Players will receive specialized instruction in:
Hitting - Infield Play - Outfield Play - Baserunning**

AGES 8 - 11: 10:00 AM - 2:00 PM AGES 12 - 18: 3:00 PM - 7:30 PM

COST: \$60

ENROLLMENT IS LIMITED

Checks Payable to: Johnny Graham, 9 Holly Lane, Butte, MT 59701

Visit www.butteleionbb.com or the [Bandits Facebook page](#) for registration details.

Please email: jgraham.bandits@gmail.com with any questions.

NOT AFFILIATED WITH MAJOR LEAGUE BASEBALL

Liability Release Form

Southwest Montana Baseball Camp

Participant's Name _____

I understand that participation in the above Activity or Event may be hazardous for the above-named participant.

In signing below, I assume risk of harm or injury which may occur to the participant as a result of participating in the above-named event or activity. I hereby release the **Southwest Montana Baseball Camp** and its coaches, employees, agents, and representatives from any liability, costs and damages resulting from this individual's participation.

If the participant is a minor:

I agree that the minor has my consent to participate in the event or activity.

I also give my consent for the business or organization to seek emergency treatment for the minor if necessary, and I agree to accept financial responsibility for the costs related to this emergency treatment.

Participant's Signature/Date/ Date of Birth _____/_____/_____

Name of Parent or Guardian _____

Signature of Parent/Guardian/Date _____

Liability Release Form

Butte Miners

Participant's Name _____

I understand that participation in the above Activity or Event may be hazardous for the above-named participant.

In signing below, I assume risk of harm or injury which may occur to the participant as a result of participating in the above-named event or activity. I hereby release the **Butte Miners** and its coaches, employees, agents, and representatives from any liability, costs and damages resulting from this individual's participation.

If the participant is a minor:

I agree that the minor has my consent to participate in the event or activity.

I also give my consent for the business or organization to seek emergency treatment for the minor if necessary, and I agree to accept financial responsibility for the costs related to this emergency treatment.

Participant's Signature/Date/ Date of Birth _____/_____/_____

Name of Parent or Guardian _____

Signature of Parent/Guardian/Date _____

PLAYER INFORMATION

PLAYER'S FULL NAME _____

SCHOOL _____

SUMMER TEAM _____

AGE _____

PRIMARY POSITION _____

BATS _____ THROWS _____

ADDRESS _____

CITY _____

STATE _____ ZIP _____

HOME PHONE _____

CELL PHONE _____

EMAIL _____

PARENT'S NAMES _____

SHIRT SIZE: ___ YOUTH-MED ___ ADULT-LG

___ ADULT-SM ___ ADULT-MED ___ ADULT-LG

THURSDAY, JULY 12, 2018

PLEASE MAIL REGISTRATION, WAIVERS &

CHECK TO: **JOHNNY GRAHAM**

SOUTHWEST MT BASEBALL

9 HOLLY LANE

BUTTE, MT 59701

EMAIL: jgraham.bandits@gmail.com

**Registration due by July 1 to secure a t-shirt*