



# FALL BASEBALL ACADEMY

## At Antrim Township Park & Jerome King Playground

**Scott Biesecker**, former Division I player and Division I & II coach, and the staff of The Athlete's Edge of Greencastle will be running a **Fall Baseball Academy** beginning **August 26, 2017** and running through **September 30, 2017** at Antrim Township Park & Jerome King Playground (Greencastle, PA). The focus of the academy will be to improve and develop skill level with high intense, organized practices, & controlled scrimmages. The academy will be held twice a week (Wednesdays / Thursdays & Saturdays) throughout the fall season. Participants will be group by age and ability. **Beginning date is August 26, 2017.**

**Ages:** 8-12yrs **When:** Saturdays (10 – 11:30am) & Wednesdays (6-7:30pm) **Where:** Antrim Township Park  
12315 Grant Shook Rd.  
Greencastle, PA 17225

13yrs & up **When:** Saturdays (12:30-2pm) & Thursdays (6-7:30pm) **Where:** Jerome King Playground  
240 N. Carlisle St.  
Greencastle, PA 17225

**Cost:** \$275 (with multi-family member discounts available)

Academy Registration forms can be filled out below and returned by mail or dropped off at The Athlete's Edge located at 147 N. Antrim Way, Greencastle, PA 17225. They are also available on-line at [www.athletesedgepa.com](http://www.athletesedgepa.com). Make checks payable to The Athlete's Edge (or call The Edge to pay by credit card)

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*Please cut, and return bottom portion with check payable to: The Athlete's Edge (or call 717-597-1374 to pay by credit card)*

### Fall Baseball Academy Registration Dates: August 26 – September 30, 2017

Participant Name: \_\_\_\_\_ Age: \_\_\_\_\_ T-Shirt Size: Y or A \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Address: \_\_\_\_\_

Emergency Contact During Camp (Name): \_\_\_\_\_ Phone: \_\_\_\_\_

### Please sign and date this waiver below and print your child's name. Thank you

I the undersigned, hereby certify that I am the parent or legal guardian of the camper. I further certify that the camper is physically capable of participating in the Clinic / Camp and all related activities. I hereby give permission for the staff of the The Athlete's Edge to seek appropriate medical treatment for the camper during the period of the Camp / Clinic and for the camper to receive medical attention in the event of an accident, injury, or illness. I will be responsible for all costs of medical attention provided. As a condition to the camper's participation in the camp, I, on behalf of the camper, our heirs, executors, and administrators, hereby waive, release and forever discharge The Athlete's Edge of Greencastle, including its owners, staff, and camp / clinic coaches and the Greencastle Baseball/Softball Association ("Released Parties") from any and all liability, claims, demands, actions, and causes of action arising out of or related to any loss, personal injury, illness or property damage that may be sustained or occur during participation in (including periods or rest or other activities related to) or otherwise be associated with the Camp / Clinic and/or any duties or the breach of any duties that the Released Parties have or allege to have to the camper or the undersigned in connection with the camper's participation in the camp, whether or not such damages, injury or loss is due to the negligence, strict liability or other legal fault of one or more of the Released Parties.

Parent or Legal Guardian (Signature): \_\_\_\_\_ Printed: \_\_\_\_\_

Child's(Camper's)Name: \_\_\_\_\_ Date: \_\_\_\_\_