

# TRAVIS RUPPEL'S BASEBALL SKILLS CAMP



**Grades K-7 for 2018-2019 School**

**Year**

**K-1:** 8 am – 9:30 am

**2-4:** 9:30 am – 11:30 am

**5-7:** 11:30 – 1:30 am

Cost = \$40/player and \$30/each  
additional child

**QND Baseball Field**

**1400 S 11th St,  
Quincy, IL 62301**

**June 24<sup>th</sup> – 26<sup>th</sup>, 2019**

**Rain Location: QND Gym  
2:30 pm – 7 pm**

**Possible Make-up date:  
June 27<sup>th</sup>**

**Hosted By:**

**Coach Travis Ruppel**

**Contact information:**

**E-mail:**

**[ruppel275@gmail.com](mailto:ruppel275@gmail.com)**

**Phone:**

**217-883-7802**

**To register, complete the following information below and make check payable to Travis Ruppel.**

**Please return the registration form and payment to the school office for Coach Ruppel to pick up. Checks/Forms may also be mailed to Blessed Sacrament Catholic School, 1115 South 7<sup>th</sup> St. Quincy, IL 62301 Attn: Travis Ruppel**

**Deadline for registration is May 24<sup>th</sup>. Walk-ins are welcome.**

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Player Name (Print): \_\_\_\_\_ Grade: \_\_\_\_\_ Guardian Name (Print): \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_  
Emergency Contact (Other than above) and Phone Number: \_\_\_\_\_  
Health Concerns: \_\_\_\_\_

**Waiver** – As the parent/guardian of the participant, I \_\_\_\_\_, hereby grant permission for my child to participate in Travis Ruppel's Baseball Skills Camp and represent he is physically able to participate in the camp activities. In consideration of the applicant's being allowed to participate in the camp, thereby release the camp, QCES, QND, coaches, and volunteers from all claims resulting from illness, injuries or other damages which may be sustained by my child during their attendance at the camp. I understand that any or all cost of any medical care deemed necessary for the treatment of my child is my responsibility and the camp personnel and or school/district is not obligated to pay for medical care. I understand and agree if any illness, injury, or medical emergency occurs which, in the sole judgment of the camp staff personnel or medical service personnel, I hereby give consent to any member of camp personnel to provide medical care for my child as the staff member decides is needed. I hereby assure and hold harmless the camp staff personnel, school/district from any and all cost, expenses, damages or liabilities arising from any acts of omission of staff member/medical care provider and by reason of my child(s) participation in the camp.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_