

Annual Northeast Baseball Winter Camp

Camp will be skill based and instructional to help youth players improve. Players will learn drills and fun activities that will be led by the Lincoln Northeast Coaching staff and its players.



Winter Baseball Camp:

Tuesday, February 4th and Thursday, February 6th

- 3rd thru 8th Grade - 6:00-8:00 PM Each Night in the LNE West Gym
- We will split kids into age appropriate groups at the start of each session
- Each night will focus on different skills, so please attend both nights!

Cost: \$30.00

(If cost is prohibitive and not allowing your student to attend please contact Coach Zornes ASAP at fzornes@lps.org)

Name: _____

Address: _____

Phone #: _____

Email Address: _____

Current School: _____ Age: _____ Current Grade _____

***Payments sent to Lincoln Northeast Athletic Office**

2635 N 63rd St, Lincoln, NE 68507

Checks Payable to Lincoln Northeast

T-Shirt orders should be sent in with payment before January 1. Shirt orders sent in after January 15 may not be ready before the last day of camp

T Shirt Size

Youth : S M L XL

Adult S M L XL

Questions:

If you sign up and are unable to attend the camp or have any questions email Coach Zornes.

fzornes@lps.org

Return this page to the Lincoln Northeast Athletic Office or Main Office in an envelope labeled "LNE Winter Baseball Camp", or if it's easier please fill out the Form at lps.org with jump code:

GSO9

This is privately sponsored by Lincoln Northeast Baseball and not sponsored or endorsed by Lincoln Public Schools

General Liability Waiver must be Signed for Participation:

GENERAL LIABILITY WAIVER

FOR ACTIVITIES CONDUCTED ON LANCASTER COUNTY SCHOOL DISTRICT 0001, A/K/A LINCOLN PUBLIC SCHOOLS PROPERTY

By signing this document I hereby verify that my child _____ has permission to participate in _____. I understand that participation is voluntary, at my own risk, and that Lancaster County School District 0001, A/K/A Lincoln Public Schools is not responsible in any manner for any personal injury or property damage to me as a result of my participation in the activity. I further understand that I am responsible for any personal injury or property damage caused by me as a result of my participation in the activity noted above.

In consideration for being allowed to participate in the listed activity and for other good and valuable consideration, receipt of which is hereby acknowledged, on behalf of myself, all successors and assigns, and all others who may claim by, under, or through myself do hereby release, acquit, and forever discharge Lancaster County School District 0001, A/K/A Lincoln Public Schools and all of its officers, employees, agents and assigns, and all other persons or companies (collectively referred to herein as "LPS") from any and all claims, actions, or causes of action which they now have, or which may hereafter accrue, whether for personal injury or property damage, whether known or unknown, arising out of or in any way resulting from my participation in the activity noted above.

Parent/Guardian Signature

Student Signature

Date of Signature
