



P.O. Box 1596
Newport Beach, CA 92659
(714) 892-6145 (714) 890-7017 (fax)
info@markcresse.com

2018 South County Camp Information Letter

Dear Ballplayers and Families:

Thank you for your enrollment in the Mark Cresse School of Baseball. This letter is a quick reference guide for our program. Please post this information in a convenient place for daily referral.

Finalizing Registration Prior to the Start of Camp

1. Medical Release Form and Participant Release of Liability, Waiver of Claims:

Please fill out, sign and return these forms to our office prior to starting camp OR upon check-in on your camper(s) first day of participation. It is very important that in case of an emergency we are able to get the best possible treatment for your child. That being said, No player will start camp until we have this emergency medical form. All forms must be signed by a parent or guardian.

2. Coaches Information Card:

To help us better meet the needs of each player, please return the completed Coaches Information Card. This information is kept confidential within our staff and used to help your ball player to have the best possible camp experience.

3. Fees:

A Receipt/Invoice is included with this confirmation letter. All balances must be paid in full prior to beginning camp. Campers who have not paid in full by the start of their camp week will not be allowed to participate. Cash, check, and credit card are accepted forms of payment. For eligible families who can deduct child care expenses, please retain your receipt for your tax records, as the tax identification number is listed in the top left corner.

Camp Hours:

Camp begins promptly at 9:00 a.m. and ends at 3:30 p.m. -Please be prompt! A pre-camp activity period will run from 8:00 to 9:00 a.m. "Pre-Camp" consists of supervised activities such as extra ground balls, fly balls, wiffle ball and work up games. Activities can vary each day at the discretion of the campsite Director.

First Day of Camp:

We have many new campers each Monday morning. Please plan to arrive early on Mondays to allow extra time for check in. This will allow your camper plenty of time to check in, order lunch (if you choose), and prepare for a great camp experience.

Camp Rules and Regulations

Please review the following rules with your ballplayer(s) prior to the first day of camp.

1. Any ballplayer stealing will be terminated immediately.
2. Lack of respect to a coach or staff member will not be tolerated.
3. Foul language is never permitted.
4. Campers are expected to hustle at all times.
5. Campers must wear a batting helmet anytime they are in a hitting station. Campers are not allowed to swing bats unless they are under the supervision of a coach.
6. For the safety of all campers, ballplayers at Chino Hills, Costa Mesa, and South County campsites are not allowed to wear metal cleats.
7. Camp grounds and fields are to be litter free at all times. Trash cans are located throughout all campsites.
8. Lunch Break: All ballplayers must stay in the immediate lunch area. Recreational games will begin at 12:30 p.m. Baseball equipment may only be used under coach supervision.
9. Any ballplayer interfering with the positive camp experience of another camper will be terminated immediately.
10. If there are any problems with another camper, you need to tell the director immediately! Conflicts are best solved immediately!

Clothing

Normal camp attire is baseball pants, camp T-shirt or baseball shirt, glove and cleats. Every player will be given one camp T-shirt. Extra shirts will be available for \$10.00 per shirt. T-shirts will be distributed on the first day your camper attends camp.

Equipment

Each camper is required to bring their own glove. All other equipment is supplied by the Mark Cresse School of Baseball. Campers wishing to bring their own gear may do so, but all gear must be clearly labeled with the camper's name prior to coming to camp.

Lost and Found

Any clothing or equipment left or forgotten will be placed daily in our lost and found. A box will be kept at the campsite for these items. We will not be responsible for any lost or stolen items. All valuables(money, gloves, etc.) should never be left unsupervised by any camper. Please do not bring unnecessary valuables to camp. If necessary, camp directors will hold money. Parents, please review this policy with your ballplayer before camp begins.

Lunch

Hours: 12 noon - 1:00 P.M.

Drinks: All sites have drinking fountains. You may provide a sack lunch everyday for your child or purchase lunch upon check-in on a daily basis. No refrigerator for box lunches is available, so please do not send anything that can spoil. Place the player's name on lunch box or sack. Your camper will be shown the designated lunch box area at check in on Monday morning.

Lunch Service - Pizza (\$1.50 per slice) and soft drinks (\$1.00) are available daily. In the event a player's box lunch or money for lunch is forgotten or lost, please instruct your child to advise our staff. Lunch will be provided with payment due the following day.

Directions to Costa Mesa Camp Facility
Moulton Elementary School

Angel Clinic Schedule

JULY 11, 2018 VS SEATTLE MARINERS

Please note: The Angel Clinic is an optional event that is only available for campers who attend at least one week of our summer program. Campers enrolled in camp the week of an angel Clinic but who do not attend, these will be normal camp days. Campers must enroll in advance for the Angel Clinic. Participation in the Angel Clinic is not included in the weekly camp fees.

Schedule for Angel Clinic:

9:00 a.m. - Normal camp start time for campers attending camp that week.

9:00 to 11:00 a.m. - Morning baseball training at campsite

11:00 to 11:30 a.m. - Break for lunch and change clothes for campers enrolled in camp that week

11:00 - Arrival time for campers who are not enrolled in camp this week and for all parents who will be attending the Angel Clinic.

11:30 a.m. - Buses depart camp sites for Angel Stadium.

12:30 - 3:00 p.m. - Clinic and autographs at Angel Stadium.

3:00 - 4:00 p.m. - Meal: Participants will be given the choice of Subway or Pizza. Water and soft drinks provided.

4:30 - 7:00 p.m. - Watch major leaguers batting practice before the gates open to the public.

7:00 p.m. - Angel game

9:30 p.m. - Return to campsites (parents please be prompt for pick up)

Campers Not Attending Camp the Week of the Clinic:

Campers not attending camp the week of the clinic but who are enrolled for the Angel Clinic are to arrive at the campsite where they receive their baseball training by 11:00 a.m. to join the group for the clinic.

Spending Money:

Spending money will be needed for dinner at the game.

Food: Campers enrolled in camp the week of the Angel Clinic will be eating lunch prior to leaving for Angel Stadium. Parents and campers arriving at 11:00 should plan to eat an early lunch prior to meeting at their campsite. A meal will be served between 3:00-4:00 p.m. Campers should plan to bring spending money to buy dinner at the game.

Clothing:

Camp T-shirt must be worn by all campers! Wear comfortable shoes (no cleats) and shorts. You may wish to bring a jacket.

Autographs:

All participants will be given a ball and ball holder. Please leave all personal autograph items at home. To insure all campers receive all autographs, autographs will be limited to one per player per camper. Due to time constraints, Angel players will not have time to pose for photos.

Parents Attending:

Fee for parents to attend is \$95.00 per person. As stated above, please meet at your child's campsite by 11:00 a.m. on the clinic day. For the safety of all children in attendance, parents who attend the evening Angel game as an individual and not part of the clinic will not be permitted to take campers home with them. ***Every ballplayer and parent who attends the clinic must ride both to and from Angel Stadium on the bus-NO EXCEPTIONS!*** We understand that many families have unique

circumstances, but we cannot accommodate special requests. Thank you in advance for your understanding.

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Emergency Medical Form
Camp: COSTA MESA

CAMPER: _____ Date of Birth: _____

Home Phone Number: _____

PARENT: _____

Daytime Number: _____

PARENT: _____

Daytime Number: _____

FAMILY DOCTOR: _____

Phone Number: _____

In case of emergency and neither parent can be reached, we ask that you list the names and phone numbers of three friends or relatives as alternate emergency contacts.

1. _____ Phone: _____

2. _____ Phone: _____

3. _____ Phone: _____

Under most conditions a physician is not permitted to treat a minor without consent of a parent or legal guardian. This legal restriction is intended to protect the rights of parents or guardians, but because of it, if an emergency occurs, someone would try to contact you first. If this is unsuccessful, we need your consent to obtain emergency medical attention. Your signature below also certifies that your child has no medical problems that would prevent him/her from participating in our program.

TO: Mark Cresse School of Baseball

If during the course of my child's activities in camp, he/she should become ill or sustain an injury, I hereby authorize you to obtain emergency medical care for (camper name)

_____.

Signature of Parent/Guardian: _____ Date: _____

PARTICIPANT RELEASE OF LIABILITY, WAIVER OF CLAIMS, EXPRESS ASSUMPTION OF RISK AND INDEMNITY AGREEMENT

Please read and be certain you understand the implications of signing.
Express Assumption of Risk Associated with Sport, Venue Use and Related Activities.

I, _____ do hereby affirm and acknowledge that I have been fully informed of the inherent hazards and risks associated with participation in the Mark Cresse School of Baseball, transportation of equipment related to the activities, and travelling to and from activity sites in which I am about to engage. Inherent hazards and risks include but are not limited to:

1. Risk of injury from the activity and equipment utilized is significant including the potential for broken bones, severe injuries to the head, neck, and back or other bodily injuries that may result in permanent disability and death.
2. Possible equipment failure and/or malfunction or misuse of my own or others' equipment.
3. I AGREE THAT I WILL WEAR APPROVED PROTECTIVE GEAR AS DECREED BY THE GOVERNING BODY OF THE MARK CRESSE SCHOOL OF BASEBALL. However, protective gear cannot guarantee the participant's safety. I further agree that no helmet can protect the wearer against all potential head injuries or prevent injury to the wearer's face, neck or spinal cord.
4. Variation and/or steepness of terrain, variation or changes in surfaces including but not limited to snow surfaces, ice, bare spots, rocks, stumps, debris, cliffs, trees, fences, posts, trees, light poles, signs, buildings, roads, walkways, ramps, rails, stairs, pyramids, manual pads, bowls, halfpipes, jumps, padded and non-padded barriers, other persons, and other natural and man-made hazards.
5. My own negligence and/or the negligence of others, including but not limited to operator error and guide decision making including misjudging terrain, weather, riding surfaces or other obstacles.
6. Exposure to the elements and temperature extremes may result if frost nip, frost bite, heat exhaustion, heat stroke, sunburn, hypothermia and dehydration.
7. Dangers associated with exposure to natural elements include but are not limited to avalanche, rock fall, inclement weather, thunder and lightning, severe and or varied wind, temperature and other weather conditions.
8. Accidents or illness occurring in remote places where there are no available medical facilities.
9. Fatigue, exhaustion, chill, and/or dizziness, which may diminish my/our reaction time and increase the risk of accident.
10. Impact or collision with other athletes, spectators, facility employees, pedestrians, motor vehicles, and cyclists.

*I understand the description of these risks is not complete and unknown or unanticipated risks may result in injury, illness, or death.

Release of Liability, Waiver of Claims and Indemnity Agreement

In consideration for being permitted to participate in the above described activities and related activities, I hereby agree, acknowledge and appreciate that:

1. I HEREBY RELEASE AND HOLD HARMLESS WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER CAUSED BY NEGLIGENCE OR OTHERWISE, the following named persons or entities, herein referred to as releases. MARK CRESSE SCHOOL OF BASEBALL AND ITS OFFICERS, EMPLOYEES, AND VOLUNTEERS.
2. To release the releases, their officers, directors, employees, representatives, agents, and volunteers from liability and responsibility whatsoever and for any claims or causes of action that I, my estate, heirs, survivors, executors, or assigns may have for personal injury, property damage, or wrongful death arising from the above activities whether caused by active or passive negligence of the releases or otherwise. By executing this document, I agree to hold the releases harmless and indemnify them in conjunction with any injury, disability, death, or loss or damage to person or property that may occur as a result of my engaging in the above activities.
3. By entering into this Agreement, I am not relying on any oral or written representation or statements made by the releases, other than what is set forth in this Agreement.
4. This agreement shall apply to any and all injury, disability, death, or loss or damage to person or property occurring at any time after the execution of this agreement.

This release shall be binding to the fullest extent permitted by law. If any provision of this release is found to be unenforceable, the remaining terms shall be enforceable.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, I FULLY UNDERSTAND ITS TERMS, I UNDERSTAND THAT I HAVE GIVEN UP LEGAL RIGHTS BY SIGNING IT, AND I SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

FOR PARTICIPANTS OF MINORITY AGE: This is to certify that I, as Parent, Guardian, Temporary Guardian with legal responsibility for this participant, do consent and agree not only to his/her release of all Releases, but also to release and indemnify the Releases from any and all liabilities incident to his/her involvement in these programs for myself, my heirs, assigns, and next of kin.

Signature of Parent or adult legal Guardian if Participant is a Minor, Name of Parent or adult legal Guardian (Please Print)
and by their signature, they on my behalf release all claims that both
they and I have

Name of Minor (Please Print) Date

Coach's Information Card
Camp: Costa Mesa

CAMPER: _____

Camp Age (actual age as of April 30, 2018): _____

Youth baseball league: (Example: Irvine PONY)

Positions you want your ballplayer to work on:

Please list any pertinent information, requests, or special needs that will better help us to work with your child.

