

Bret's Baseball Academy 2025 Summer Baseball Camp

Instructors: *Mike Jenkins, Redondo High and L.A. Harbor C.C.
*Ron Sparks, Spanish Springs High Assistant Coach and Yerington High Assistant Coach
*R.J. Gordon Mendocino College, Pacific University

When: **Session One – Monday June 16th through Thursday June 19th, 2025**
Session Two – Monday June 23rd through Thursday June 26th, 2025

Where: 539 Vista Blvd./ Sparks, NV 89434- Take Vista Blvd. Exit., and turn left (heading north) off of freeway onto Vista Blvd. Go 1.5 miles on Vista Blvd. and then take a left onto Loop Rd. Head to the back of the Vista Business Park. There is parking on the south side of the complex and directly in front of our building. You can see the signs on front of our building to recognize where to go.

Time: **9:00 AM – 1:00 PM**

Ages: 5 yrs. through 14 yrs. (players will be grouped by age and ability level)

Cost: \$170.00 per camper if registration is completed on or before May 17th for Session One and May 24th for Session Two, \$185.00 for registration on or after those dates.

Contact: Bret Pagni *Cell: 775-843-5172, Office: 775-856-2434, E-Mail: bretpagni@gmail.com*

*Due to our indoor limitations we will only allow 30 athletes per session. To insure a roster spot, please sign up in advance.

*Players will be asked to wear tennis shoes (no cleats please). It is also suggested that each athlete wear either baseball pants or sweat pants, as well as long sleeves.

*Cancellations after June 4th and June 11th respectively, will be refunded \$100.

PLEASE CUT AND RETURN BOTTOM PORTION WITH A SIGNED

CHECK

Session One OR **Session Two** (circle one)

Camper Name(s): _____

Parent's Names: _____

Level played in spring 2025:

Phone Number: _____

T-Ball

Rookie

Farm

Main

Address: _____

City/State/Zip: _____

E-Mail Address: _____

Physician Name: _____

Medical Insurer & Policy #: _____

As a parent or legal guardian of the above named participant I hereby give my consent for any emergency medical treatment as approved by the facility supervisor in case of injury or sudden illness. My permission is given in order to assure prompt medical treatment in my absence without undue delay. I have voluntarily enrolled my child in a program of sports training involving activities known to be hazardous. My child and I have chosen to participate with knowledge of the danger involved. We hereby agree to accept any and all risk of injury or death. As consideration for being permitted by Bret's Baseball and Softball Academy to have my child participate in the training program and use of the facilities, I hereby that I, my assignees, heirs or agents or my child named above or such child's assignees, will make no claim or sue Bret's Baseball and Softball Academy, its agents, employees or contractors for injury or damage resulting from negligence or other acts, howsoever caused by any agent, employee or contractor of Bret's Baseball and Softball Academy or by any spectator or other participant. I hereby release Bret's Baseball and Softball Academy, its agents, employees or contractors from all actions, claims and demands that I, my assignees, heirs or agents or my child named above or such child's assignees, heirs or agents now have or may hereafter have for injury or damage resulting from my child's participation in the sports training program. I have carefully read this agreement and fully understand its contents. I am aware that this is a release of liability and a contract between myself and Bret's Baseball and Softball Academy and sign it with my own free will.

Parent Name (Please Print)
Signature

Parent

Date

Payable to/ Mailing Address:

Bret's Baseball And Softball Academy, LLC
539 Vista Blvd.

Sparks, NV 89434Payments can also be made via Zelle, by sending them to 775-843-5172.****