



## **BISHOP MIEGE SUMMER BASEBALL CAMP**

**Who:** Session 1: June 12-15, Grades 4-6  
Session 2: June 19-22, Grades 7-9

**What:** Hitting, pitching, base running, and fielding fundamentals will be taught, with individual instruction a priority.

**When:** Session 1 – 9:00 am to 12:00 pm  
Session 2 – 9:00 pm to 12:00 pm.

**Where:** Bishop Miega Baseball Field  
5041 Reinhardt Dr., Shawnee Mission, KS  
66205

**Cost:** \$80/camp *(cost includes t-shirt)*

**Equipment:** cap, bat, glove, and appropriate clothing.

## **Player Information**

Name: \_\_\_\_\_

Grade: \_\_\_\_\_ School: \_\_\_\_\_

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

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Position(s): \_\_\_\_\_

Shirt Size (Adult): XS S M L XL XXL  
*(Please circle size)*

**Please make checks payable to:**  
Bishop Miega Baseball

**Mail form and payment to:**  
Dan Meara  
Bishop Miega High School  
5041 Reinhardt Drive  
Roeland Park, KS 66205

**For more information:**  
Call Coach Dan Meara w: 913.262.2700 or c: 913.620.3013  
or e-mail @ [dmeara@bishopmiego.com](mailto:dmeara@bishopmiego.com)

### WAIVER AND RELEASE OF LIABILITY

I hereby register my child for the above camp and authorize the staff to direct him in participation in camp activities. My child has no medical or emotional conditions which may affect his ability to safely participate in this program. The staff is authorized to attend to any health problems or injuries my child may incur while attending this camp. I further acknowledge that the Archdiocese, Bishop Miega High School, coaches, the host of the camp, and anyone associated with the camp will not be held liable for any damages from injury or illness sustained at the camp.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date