



Mackey Sasser Baseball Camp

For Ages 6-13

June 13 – 16, 2016

8:30 a.m. – 12:00 noon

Cost: \$90

The camp will consist of fundamentals of hitting, fielding, throwing, and base running. The camp will be conducted by Wallace Community College Head Coach Mackey Sasser and WCC Assistant Coaches Pete Coachman and Wallace baseball players.

Participants may be dropped off at the WCC baseball field between 7:45 and 8:30a.m. The staff will be on-site for early arrivals.

Campers should report wearing shorts and tennis shoes. They should bring gloves, their own bats, and \$2.50 each day for snacks if desired. All campers will receive a camp t- shirt.

Use the registration form on back to register for the camp or register on-site at the baseball field.

**For additional information, contact Coach Sasser at (334)556-2416
Or go to [Wallace.edu/ Athletics/baseball](http://Wallace.edu/Athletics/baseball)**

REGISTRATION FORM FOR MACKEY SASSER BASEBALL CAMP

Last Name	First Name	Initial
Parents Name	Home Phone	Work Phone
Mailing Address _____		
	City	State Zip
Family Doctor _____		Phone _____
Person to call in case of emergency _____		Phone _____
Birthday _____	Age _____	Sex _____

Mail Registration to: Mackey Sasser
Wallace Community College
1141 Wallace Drive
Dothan, Al 36303

MEDIA CONSENT

I, the undersigned, do hereby consent to the use by Wallace Community College of the image, voice, or both of the minor child under the age of 18 described below, in (1) the video, photograph, or audio recording described below; and (2) any video, photograph, or audio recording reproduced either in whole or in part from the video, photograph or audio recording described below. *I also understand that images may be used in social media.*

I warrant that I am the parent or legal guardian of the minor described below and have the full right and authority to grant this consent on behalf of such minor.

In addition, I waive all claims to compensation or damages based on the use of such minor's image or voice, or both, by the College. I also waive any right to inspect or approve the finished photograph or video or audio recording.

I understand that this consent is perpetual, that I may not revoke it, and that it is binding on the minor, our heirs and assigns.

Printed name of minor / Age

Witness signature

Signature of parent or legal guardian

Witness printed name

Printed name of parent or legal guardian

Date