



PINNACLE baseball Camp

The Pinnacle Baseball Camp is being held at Pinnacle High School Varsity Baseball Field. The camp is for boys and girls who are interested in learning and enhancing their skills through daily activities. Players will be instructed by high school coaches and players in the Pinnacle Baseball program. Participants will need to bring a glove, bat and water. We will have extra equipment for players who do not have their own. Students who sign up for any of these classes will receive a free t-shirt! *Questions? Contact Coach Warnol at 623.581.2685 or rwarnol@cox.net, or visit www.pinnaclehighbaseball.com.*

Location	Room	Ages	Day(s)	Session	Dates	Time	Fee
Pinnacle HS	Varsity Field	8-14 years old	Mon-Thurs	Session I – Pitching	6/1 - 6/4	7:00-8:00am	\$60
Pinnacle HS	Varsity Field	8-14 years old	Mon-Thurs	Session II – Hitting	6/1 - 6/4	8:00-9:30am	\$75
Pinnacle HS	Varsity Field	Incoming 7th-9th graders only	Mon-Thurs	Session III – High School Prep	6/8 - 6/11	7:00-9:00am	\$90
Pinnacle HS	Varsity Field	8-14 years old	Mon-Thurs	Session IV – Infield	6/15 - 6/18	7:00-8:00am	\$60
Pinnacle HS	Varsity Field	8-14 years old	Mon-Thurs	Session V – Hitting	6/15 - 6/18	8:00-9:30am	\$75

PVUSD COMMUNITY EDUCATION ENRICHMENT REGISTRATION FORM

First/Last Name _____ Grade _____ Home School _____
 Parent(s) Name _____ Email Address _____
 Street Address _____ City _____ Zip Code _____
 Phone: Home () _____ Work () _____ Cell () _____
 Emergency Contact Name _____ Home () _____ Work () _____
 Transportation: Parent Pick-up Walk Home Child Care Other _____ Please send written notice if your child's way home changes.

Code	Name of Class/Camp	Location	Session	Time	Start/End Date	Fee
CS1077	Pinnacle Boys Baseball Camp	Pinnacle High School				
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T-shirt size (select one): Youth/M Youth/L Adult/S Adult/M Adult/L Adult/XL

You may register one of the following ways (registration and payment must be received at least three business days prior to start date):

① Register online at <http://comed.pvschools.net> ② Call Community Education at (602) 449-2200/2201/2202 with VISA or MasterCard ③ Bring or mail registration form and payment to Community Education, 15032 N. 32nd St., Phoenix, AZ, 85032. Office hours are Monday-Friday, 8am to 5pm. **You are enrolled upon receipt of payment. Refunds are available until start of session and include a \$25.00 fee.** A full refund and notification will be given only if classes are cancelled.

Payment Type: Cash Check# _____ (Make checks payable to Community Education)
 VISA MasterCard Card# _____ Exp. _____ Signature _____

MEDICAL RELEASE/APPROVAL

First/Last Name Of Participant _____
 Past Health _____ Past Injuries _____
 Present Health _____ Medication _____
 Allergies _____ Drug Sensitivities _____
 Insurance Company _____
 Name Of Policy Holder _____ Policy Number _____

Please read carefully: I hereby authorize the Directors of _____ class/camp held at _____ school to act for me in any emergency requiring medical attention. I agree to be treated by a licensed physician while attending class/camp and to assume all costs related to such treatment. I waive and release any and all rights and claims I have against Paradise Valley Unified School District or its representatives for damages which may be sustained by me.

Parent's or Guardian's Signature _____ Date _____