



Dear Camper,

Thank you for enrolling in the 2010 Ripken Baseball Arena Club Winter Training Program. This year's program will take place on Thursday's in February and March at the Arena Club in Bel Air, MD. We are eagerly awaiting your arrival and wanted to take this time to welcome you and provide you with more information on the program.

In this packet you will find:

- General Information
 - A Tentative Schedule
 - Giveaways
 - What to Bring
- Camp Release Form

We ask that you please complete and fax or mail all forms two weeks prior to the start of the program.

Fax to Attn: Ripken Baseball Arena Club Program
410.558.6728

Mail to Attn: Ripken Baseball Arena Club Program
873 Long Dr.
Aberdeen, MD 21001

Thank you-

A handwritten signature in black ink, appearing to read "M. Backert".

Matt Backert
Director of Baseball Operations
Ripken Baseball Inc.

Ripken Baseball Arena Club Winter Training Program

General Information

Schedule

Session 1: High School Winter Training (Grades 9-12)
Thursdays 6:00-8:00pm
February 4, 11, 18, 25

Session 2: Grades 8 & below (Generally ages 9-13)
Thursdays 6:00-8:00pm
March 4, 11, 18, 25

*Please arrive a few minutes early on the first day to expedite check-in. Participants may be dropped of and picked up inside the Arena Club at the turf field.

Giveaways

At check-in each participant will receive:

- Ripken Baseball Hat
- Ripken Baseball Shirt (must be worn each day)

What to Bring

For the Winter Training Program please bring:

- A bat (bats will be provided for those who need them)
- Batting gloves
- Baseball glove
- Turf Shoes or Sneakers (please no cleats)

Camp Release Form

The enclosed Release form must be completed, signed and returned to us prior to the start of the program, otherwise your child will not be able to step on the field.

Parent Information

Please complete this information in case we need to contact you or your emergency contact during the program.

Questions or Concerns

Should you have any questions please feel free to contact us at 888-Ripken-1 (888-747-5361).

2010 Ripken Baseball Arena Club Program
Ripken Baseball Camp Release Form

In consideration of the permission granted to me/ my child/ ward to participate in the activities of the Ripken Baseball Camp, I individually or as a parent/ guardian hereby release, covenant not to sue and forever discharge, Harford Health and Fitness, Inc., its officers, employees and agents, Ripken Baseball Camps and Clinics, LLC, and Ripken Baseball, Inc., its officers, employees, and agents, William O. Ripken, Violet Ripken, and Calvin E. Ripken, Jr. from any and all claims and liabilities with regard to my participation in all 2010 Ripken Baseball Camps.

I (individually or as a parent/ guardian) further state and certify that I am able to participate in the described activities of the camp. I/ my child/ ward further agree that should I/ my child/ ward become injured as a result of participation that I/ my child/ ward do release and hold harmless, Harford Health and Fitness, Inc., its officers, employees and agents, Ripken Baseball Camps and Clinics, LLC, and Ripken Baseball, Inc., its officers, employees, and agents, William O. Ripken, Violet Ripken, and Calvin E. Ripken, Jr. from any and all liability for illness or injury and any consequences thereto and therefrom. This release shall insure to benefit of Harford Health and Fitness, Inc., its officers, employees and agents, Ripken Baseball Camps and Clinics, LLC, and Ripken Baseball, Inc., its officers, employees, and agents, William O. Ripken, Violet Ripken, and Calvin E. Ripken, Jr. and shall be binding on my heirs, successors and executors. I/ my child/ ward further state that the Ripken Baseball Camps and Ripken Baseball LLC are authorized to use my child/ ward's name and any photographs or videotape of me/ my child/ ward at the camp for its promotional purposes without the need to compensate me for such use.

I have read this liability form and have been given sufficient time to review it and ask whatever questions I have relating to it. I fully understand the risks involved and that it is possible to sustain serious injury or death during the course of participating in the above described activities. I acknowledge that my execution hereof is material to acceptance of my campership.

Parent/ guardian Signature (if participant is 17 years or younger) or participant

Date

Parent Information

Name of child: _____ DOB: _____

Name of Parents: _____

Parent's Home #: _____ Work #: _____

Cell # _____

Parent's Home Address: _____

Emergency Contact # 1: _____
(if parent not available) (name) (phone number) (relationship)

Emergency Contact # 2: _____
(name) (phone number) (relationship)