

# 2026 WATERLOO BULLDOGS BASEBALL CAMP

5th & 6th Grade Camp  
June 15th-June 18th  
9:00am-10:30am

7th & 8th Grade Skills Camp  
July 6th-July 9th  
9:00am-10:30am

7th & 8th Grade Team Camp  
July 27th-July 30th  
9:00am-12:00pm

Where: Waterloo Junior High Baseball Field

Cost: \$50 Per Player

Make checks payable to Waterloo Junior High School

For additional information contact:

Garrett Schlecht ([gschlecht@wcusd5.net](mailto:gschlecht@wcusd5.net)) Jake Isaacs ([jacobisaacs@wcusd5.net](mailto:jacobisaacs@wcusd5.net))

-----Cut Here-----

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

Grade for 2026-2027 School Year: 5th Grade \_\_\_\_\_ 6th Grade \_\_\_\_\_ 7th Grade \_\_\_\_\_ 8th Grade \_\_\_\_\_

Session (Please Circle):

5th & 6th Grade Camp  
June 15th-June 18th  
9:00am-10:30am

7th & 8th Grade Skills Camp  
July 6th-July 9th  
9:00am-10:30am

7th & 8th Grade Team/Games Camp  
July 27th-July 30th  
9:00am-12:00pm

I give permission for my child to be treated by the appropriate medical personnel for any illness/accident while at camp. I can be reached by phone at: \_\_\_\_\_.

Please indicate any special medical problems (medicine, injury, and allergies) which we should be aware of:

\_\_\_\_\_  
The undersigned (parent/guardian) understands that the baseball camp will consist of physical activities which may contain inherent risk of physical injury and assumes the risk and releases the Bulldogs Baseball Camp, Waterloo Community High School District #5, its coaches and staff from any and all liability for personal injury arising from the applicant's participation in the camp. I hereby grant permission for my child to attend the Bulldogs Baseball Camp. I affirm that my child is in good physical health and has health and accident coverage.

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_