

**HORSEHEADS VARSITY "H"
BASEBALL
SUMMER CAMP**



To Register:

Complete the registration form below.
Read the AUTHORIZATION FORM on the reverse
side and sign it in the designated area, detach and
MAIL ONLY THE REGISTRATION FORM to:

HORSEHEADS CENTRAL SCHOOL
ATHLETIC DEPARTMENT
ONE RAIDER LANE
HORSEHEADS, NY 14845

**PLEASE BRING PAYMENT
TO FIRST DAY OF CAMP**

**\$85.00 MAKE CHECKS PAYABLE TO:
HORSEHEADS VARSITY "H" CLUB**

NAME _____

ADDRESS _____

CITY _____

STATE _____ ZIP _____

PHONE _____

AGE _____

SCHOOL _____

GRADE FALL 2019 _____

SHIRT SIZE: YS YM YL
(circle one) AS AM AL AXL



COMPLETE BASEBALL FUNDAMENTALS

- *Baseball Warm-Up
- *Base Running & Sliding
- *Hitting Fundamentals
- *Fielding Skills
- *Catching Fundamentals
- *Pitching Fundamentals
- *Baseball Strategy

HORSEHEADS ATHLETIC OFFICE
ONE RAIDER LANE
HORSEHEADS, NY 14845
607-739-5601

**HORSEHEADS
VARSITY "H"
BASEBALL
CAMP**



**July 22nd-25th
Ages 7-12
9:00-12:00**

**SPONSORED BY:
HHS VARSITY "H"**

Horseheads Central School
Athletic Office
One Raider Lane
Horseheads, NY 14845

GENERAL CAMP INFO

CAMP DATE: July 22nd-25th

CAMP TIME: 9:00-12:00

CAMP LOCATION: Horseheads High School Varsity Baseball Field, behind the North Wing of the High School.

AGE GROUP: Camp is open to any boy in public or private school **ages 7-12**. The skills taught will focus on the third through tenth grade level. Details can be obtained by contacting Coach Limoncelli.

EQUIPMENT REQUIRED:

Rubber baseball shoes and/or sneakers, baseball cap, baseball glove.

Water will be provided.

****All baseballs, bats, catcher equipment and other equipment will be provided.**

REGISTRATION FEE: \$85.00

This includes a camp T-shirt

BRING CHECKS THE FIRST DAY OF CAMP PAYABLE to:
Horseheads Varsity "H"

CAMP PHILOSOPHY

The Horseheads Varsity "H" Summer Baseball Camp will offer training and skills for all young baseball players. Our intent is to help everyone reach their potential as a **BASEBALL PLAYER**. We have great facilities, equipment and the latest techniques to help aid in the instruction of this summer camp.

The purpose of this camp is to give each player the opportunity to train and learn under the supervision and instruction of several college coaches, as well as many college baseball players. It is our goal to see that everyone at this camp will develop skills and techniques that will enable him to reach his potential as a baseball player

COACHING STAFF

This year's Summer Camp will be directed by Coach Jeff Limoncelli, the Head Varsity Baseball Coach at Horseheads High School. Joining him will be the Head Junior Varsity Baseball Coach, Andy Scott and former High School players. Each coach has more than 20 years of experience in playing and coaching baseball.

AUTHORIZATION

WE THE UNDERSIGNED PARENT OR GUARDIANS OF _____ A MINOR, DO HEREBY AUTHORIZE THE DIRECTORS OF THE HORSEHEADS VARSITY H SUMMER SPORTS CAMP PROGRAM, OR THEIR DESIGNEE, TO SELECT HOSPITAL FACILITIES AND/OR A PHYSICIAN OF THEIR CHOICE AND AUTHORIZE TREATMENT OF THE ABOVE NAMED CAMPER ON AN EMERGENCY BASIS IN THE EVENT THAT TREATMENT BECOMES NECESSARY DURING THIS SPORTS CAMP. WE HEREBY GRANT PERMISSION TO PARTICIPATE IN THE CAMP PROGRAM AND ACKNOWLEDGE THAT THE CAMPER NAMED IS PHYSICALLY FIT TO PARTICIPATE IN ALL CAMP ACTIVITIES. THE ATHLETE WILL OBEY ALL SCHOOL DISTRICT RULES AND REGULATIONS OR BE SUBJECT TO DISMISSAL FROM THE PROGRAM AND BE SENT HOME IMMEDIATELY. THE SIGNATURE OF THE PARENT OR GUARDIAN ACKNOWLEDGES THEIR WILLINGNESS TO ENROLL THE CHILD IN THE HORSEHEADS VARSITY H SUMMER SPORTS CAMP PROGRAM UNDER THE CIRCUMSTANCES STATED ABOVE. THE SIGNATURE OF THE PARENT OR GUARDIAN RELIEVES THE HORSEHEADS VARSITY H CLUB, THE HORSEHEADS CENTRAL SCHOOL DISTRICT, AND THEIR DELEGATED REPRESENTATIVES FROM ANY AND ALL FINANCIAL RESPONSIBILITY.

Parent/Guardian: _____

Please print

SIGNATURE(PARENT)_____

HOME_____ WORK_____

PHYSICIAN_____

DATE SIGNED_____