

2010 Webster Baseball Camp & Webster Warrior Baseball Camp



Program Description - This is the best opportunity to have your child viewed by the school outside. Most times, when kids come to tryouts we see them for five days in the gym. This camp will be four days of baseball instruction from top area coaches including those at the Modified, JV and Varsity levels in the Webster School District. Instruction will target on physical training specifically for baseball players; fielding, catching, pitching, hitting, throwing, and overall fundamentals of baseball. Both sessions will run at Basket Rd. More information can be found at <http://www.websterschools.org/webpages/jeckler/websterbaseballcamp.cfm>

Instructors

- Jeff Eckler – Modified Schroeder
- Mat Sanfilippo – Modified Schroeder
- Anthony Liambiase – Modified Thomas
- Mike Cerame (13+ Only) Program Coordinator Schroeder
- Matt Knight (13+ Only) Schroeder Varsity Baseball Coach
- Various high school & college players as well as coaches at other levels of high school baseball.

PLEASE SIGN UP FOR THE CORRECT CAMP!

Who - Baseball players between the ages of 9-18

What - Instructional baseball from top area coaches who know what it takes to succeed at the next level

When - July 12th - July 15th (Friday reserved as rain date)

Where - Basket Road Sports Complex 1650 Boulter Industrial Parkway Webster, NY 14580

Cost - \$90 per player (\$105 Late Fee): players will receive complementary t-shirt

Two Camps - 9-12 & 13-18 - Make sure you sign up for the correct camp.

Webster Baseball Camp - program # 942 for 9-12 Year Olds 8:30AM - 11:30AM

Webster Warrior Baseball Camp - Program # 943 - 13-18 Year Olds 1PM - 4PM

Summer Registration Form

-FULL SHEET – DO NOT CUT THIS FORM-

Family Last Name _____ Adult/Parent First Name _____
 Address _____ City/Town _____ Zip _____
 Email Address _____ Home Phone _____ Work phone _____
 Emergency Phone _____ (for emergency purposes – must be different from home & work)

Webster Resident: Yes or No (circle one and include \$5 per participant per program for out-of-town residents.)

Webster Central School District Resident: Yes or No (circle one)

WAIVER FOR PARTICIPATION:

If an injury occurs, I authorize the person in charge to seek medical care. I will pay the cost of such care. I also release the Parks and Recreation Department from any liability arising out of participation in said program. I further understand that participation is at my own risk and I assume the risk of injury.

SIGNATURE REQUIRED _____ DATE _____

(Participant signature **REQUIRED** – if you are under 18, parent/guardian signature **REQUIRED**)

Photographs may be taken of recreation programs and included in our program guide and on our website. Initial here if you **DO NOT** want photos of those listed on this form used in the manner. _____

VISA/MC Account # _____ / _____ / _____ / _____ Exp. Date ____ / ____

Cardholder's Name _____ Authorized Signature _____

PARTICIPANT #1

Participant's Full Name _____ Birth date ____ / ____ / ____ Current Age ____ Grade completed 6/10 ____

T-shirt size (if needed) ____ Additional Information (Special Needs/Allergies/ Medical notes) _____

1st Program _____ Program # _____ **If Program #1 is closed, Alternate Program** _____ Program # _____
 Program Fee \$ ____ Amt. Enclosed \$ ____ Check # _____ Fitness Member Fee \$ ____ Amt. Enclosed \$ ____ Check # _____

2nd Program _____ Program # _____ **If Program #2 is closed, Alternate Program** _____ Program # _____
 Program Fee \$ ____ Amt. Enclosed \$ ____ Check # _____ Fitness Member Fee \$ ____ Amt. Enclosed \$ ____ Check # _____

***NOTE: ALTERNATE PROGRAM \$ AMOUNTS MUST BE EQUAL TO YOUR PROGRAM \$ AMOUNTS

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