

2019 FOXES SUMMER BASEBALL CAMP

Who: Open to Players ages 6-14

When: July 15TH -19TH (9:00-12:15)

Where: Fox Chapel High School Baseball Fields

Cost: \$100 (20% discount for multiple family members)

Equipment: Players should bring their own glove and spikes. They should wear baseball pants or some type of pants. You're encouraged to bring your own bat and helmet, however, both will be available should you need one.

Schedule:

9:00-9:10 – Intro

9:10-10:40 – Instruction, Drills, Fundamentals

10:40-11:00 – Break/Talks/Snacks

11:00-12:00 – Team Scrimmage

12:00-12:10 – Clean up

12:10-12:15 - Dismissal

The Foxes Summer Baseball Camp is designed to teach aspiring young baseball players the fundamentals of the game. The camp will provide the teaching of fundamentals and the player will have many chances to practice these fundamentals throughout the day. While it is a learning experience in the game of baseball, the staff will provide a fun day for every player at the camp.

The clinic will be run by Varsity Head Coach Jim Hastings and his coaching staff.

If you have any questions please contact Head Coach Jim Hastings at 412-580-1931 or at jamhastings@aol.com

A confirming email will be sent to all registrants in advance of the camp.

Player Name _____ Age _____ School _____

Address _____ Email Address _____

Parent/Guardian Name _____ Phone _____

COST is \$100 – Pay in full. Payments accepted through PayPal.com at jamhastings@aol.com OR (Make checks payable to Jim Hastings) Send application to: Jim Hastings, 11 Crest Drive, Pittsburgh, PA 15215

T-Shirt Size (circle one): YS YM YL S M L XL

Position (please check one): Infield _____ Pitcher _____ Catcher _____ **Outfield play will be incorporated in all groups**

As the parent/guardian of _____, I hereby authorize the staff of the Fox Chapel Area High School Baseball program, to act for me according to their best judgment in any emergency requiring medical attention. I further assume the risk of accident or injuries from whatever cause in connection therewith, and release the Fox Chapel Area School District and their administration, coaches and employees from any and all liability for any such accident or liability from participating in the 2019 Foxes Summer Baseball Camp. I understand the above CHILD/PLAYER, assumes all of the risks associated with the activities in which he or she will be involved. I release all rights and claims for damages which the above CHILD/PLAYER or I may have against Fox Chapel Area School District, its administration, coaches, officials, teachers or representatives for injuries or damages that occur as a result of their participation. I HEREBY AUTHORIZE IN ADVANCE ANY NECESSARY MEDICAL TREATMENT REQUIRED BY THE ABOVE NAMED CHILD WHILE IN ATTENDANCE OF THIS CLINIC.

Parent/Guardian Signature: _____ Date: _____