

2024 FOXES SUMMER BASEBALL CAMP

Who: Open to Players ages 6-14

When: June 24TH -27th and July 15th – 18th ***Friday will be a rain make up date***

Where: Fox Chapel Area High School Baseball and Softball Fields

Cost: \$140 for 1 WEEK or \$230 for BOTH WEEKS

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 foxchapelbaseballclub@gmail.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 \$140 or \$230 (2 weeks) – Pay in full. Payments accepted through Venmo @James-Hastings-28 OR (Make checks payable to Fox Chapel Baseball Club) Send application to: Jim Hastings, 2005 Mohican Ct, Cheswick, PA 15024

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

JUNE 24-27TH _____ JULY 15-18th _____ BOTH WEEKS _____

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 2024 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. I hereby certify that the camper named above is in good health, will comply with all COVID-19 mitigation measures, and will not hold Jim Hastings, his staff, or the Fox Chapel Area School District responsible for any injury that may occur.

Parent/Guardian Signature: _____ Date: _____