## Hoosic Valley Baseball Camp 2019

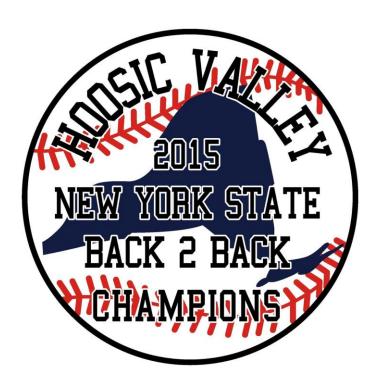




What to Bring Players should wear a T-shirt, long pants/ baseball pants, and a baseball hat. They should bring a baseball glove, baseball cleats, running shoes, water, and a snack. Players can bring a bat and catchers gear if they choose. \*\*Be prepared for changes in weather. Camp Dates: Monday, August 5th – Thursday, August 8th Session 1: (9am – 12pm) Next years 2<sup>nd</sup>, 3<sup>rd</sup>, 4<sup>th</sup>, 5<sup>th</sup>, and 6<sup>th</sup> Graders Session 2: (12:30-3:30) Next years 7<sup>th</sup>, 8<sup>th</sup>, 9<sup>th</sup>, 10<sup>th</sup>, 11<sup>th</sup> and 12<sup>th</sup> Graders Rain Date: Friday, August 9th Cost: \$50 per player – Camp T-shirt included plus fun prizes and awards Contact: Alex Lilac alilac@hoosicvalley.k12.ny.us Staff: Alex Lilac/ HV Baseball Coaching Staff/ Former Players Location: Chapko – Lewis Stadium <u>Activities/Lessons Included:</u> Proper Infielding Skills, Backhands, Double Plays, Rundowns, Hitting Skills, Bunting, Individual Position Drills, Home Run Derby, and Competitive Games and activities such as the 8th Annual Wiffle Ball Tournament! \*\*\* See Registration on the back

## <u>Goals</u>

During camp each player will be provided with a valuable learning experience that focuses on the fundamentals of baseball. Each player will also be provided with the opportunity to learn the important aspects of baseball. Reinforcing these aspects can help each player become successful at the next level. Strength, speed, responsibility, and respect will also be incorporated as valuable components for future success.



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## What to Bring

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## **Registration**

Name	2019-2020 Grade			
Address				<u> </u>
Home Phone Emergency Phone/Co			e	
Email				
Please list any medical conditions we should know				
Registration Due By: <b>July 31st, 2019</b> Cash or Check - Checks Payable to: HVAA				
Circle Shirt Size:				
Γ-Shirt Size – Adult	S	Μ	L	XL
T-Shirt Size – Youth	S	Μ	L	XL
Please Return to Alex or mail to: Alex Lilac 149 Rogers Ave Hoosick Falls, NY 1209 Please complete and si Our son named above in organized camp acti	<b>0</b> gn is in good	d health and	l able to p	participate
insurance coverage. Insurance company				
Policy Number				
l give my son permissic Baseball Camp. Our so rules and regulations o Parent or Guardian Sig Date	n promis f this bas	es to confor seball camp.	rm to all tl	