INSURANCE

Each camper must have their own medical insurance. The Highlands Bluebirds Baseball Camp will not be responsible for any medical or dental insurance. A medical release statement is included on the registration form and must be signed by a parent or guardian. Your camper’s health and protection will be our first and foremost concern.

COST

The cost of the Highlands Bluebirds Baseball Camp is $55 per person, if received by the registration deadline. You can mail all registrations to: Highlands High School, c/o Coach Baioni, 2400 Memorial Parkway, Fort Thomas, KY. Walk up sign-ups will be $65 per person. Campers should arrive no earlier than 30 minutes prior to start time. Parents are welcome at any time. Make all checks payable to Highlands High School. For additional info call: (859) 630-4229.

EQUIPMENT NEEDED

Each camper should have the following items: gym shoes, baseball cleats, baseball pants, glove(s), bat, and hat.

REGISTRATION

Registration must be received at HHS by Friday, June 28, 2013. Walk up sign-ups will be $65 per person. Campers should arrive no earlier than 30 minutes prior to start time. Parents are welcome at any time. Make all checks payable to Highlands High School. For additional info call: (859) 630-4229.

HIGHLIGHTS

✓ The “Hitting Wheel”
✓ Fielding Fundamentals
✓ Free T-shirt
✓ Grouping by age and size
✓ Special lectures and demonstrations
✓ Professional Staff
✓ Games and Contests every day
✓ Awards Ceremony on Last Day
✓ Motivation and Goal Setting
✓ Individual evaluations
✓ Concessions (Gatorade, snacks, etc)

STAFF

A highly competent staff will aid in all camp sessions. All staff members will have coaching and/or playing experience at the high school or college level. This will include the Highlands Baseball Staff, along with current players, and other guests. This staff will provide the best instruction available. Campers will learn the fundamentals of individual and team play. Older groups will learn more advanced techniques. Values that can aid success on and off the field will also be stressed.

All camp updates, including inclement weather and schedule changes, will be made through the baseball website: highlands-baseball.com

THANK YOU!

FOR SUPPORTING HIGHLANDS BASEBALL

“Baseball’s future? Bigger and bigger, better and better! No question about it, it’s the greatest game there is!”

Ted Williams
Highlands Baseball Presents

The 4th Annual “It’s All Fundamental” Baseball Camp 2013

CAMP IS FOR: Boys entering 2nd-8th Grade

DATES AND TIME:
July 10-12
2nd-4th 9:00 am-11:30 am
5th-8th 12:30 pm-3:00 pm

LOCATION:
Highland Park Baseball Field

CAMP DIRECTOR:
Head Baseball Coach Jeremy Baioni

CAMP INSTRUCTORS:
Highlands Baseball Coaching Staff

BASEBALL REGISTRATION FORM

Applicant’s Name: ____________________________________________

Parent/Guardian Name: ________________________________________

Address ____________________________________________________

City/State/Zip ______________________________________________

Cell Phone __________________  Age __________

School __________________ Grade ______

I/We the undersigned, for ourselves, our heirs and executors, waive, release and forever discharge the Fort Thomas Independent School District and the Highlands Bluebirds Baseball Camp, its staff, employees and representatives from all rights and claims for damages, injury, or loss, to person or property which may occur during participation in camp activities or while at camp.

Parent/Guardian Signature(s): X __________________________________

I/We certify that the applicant is in good physical health and has permission to participate in the Highlands Bluebirds Baseball Camp and hereby authorize the employees and agents of said camp to act according to their best judgment in any situation requiring medical attention. All costs incurred are the responsibility of the parent/guardian. A copy of this authorization shall be considered as valid and effective as the original.

Parent/Guardian Signature: X ____________________________________________

Email Address ________________________________________________

Emergency Contact ____________________________________________

Emergency Phone _____________________________________________

Family Medical Insurance Co. ____________________________________

Policy Number _______________________________________________

List any medical condition(s) the staff should be aware of: ________________________________________________________________

Please circle one T-shirt size:
Youth Sizes: M L  Adult Sizes: S M L XL