

POOLESVILLE 2009 SUMMER CAMP BASEBALL

Session I July 6-10
Session II July 13-17
9:00 AM - 3:00 PM @ PHS Baseball Field
Ages: 7th, 8th & 9th Graders
Cost per Session: \$180.00

Welcome to our second summer PAA Baseball Camp of 2009. We are offering this camp for all coaches or parents who want to help their athlete succeed in the sport of baseball. The goals of PAA BASEBALL CAMP are to give individualized instruction in:

- Batting
- In-fielding Techniques
- Outfield Techniques
- Catching
- Situational Work

Drills will be utilized daily to emphasize proper fundamentals. Players will be competing in all of the same drills as those used during the High School baseball season. Two Batting Cages with JUGS pitching machines will provide players with opportunities to maximize their hitting skills. The final hour of instruction will consist of situational play, intra-squad scrimmages, and teaching techniques. The goal of the PAA Baseball Camp is to provide a solid fundamental and knowledgeable foundation for all players to be successful in the future at many different positions and levels.

The camp will limited to a maximum of 18 players to ensure individual instruction, and will be provided a camp t-shirt.

Steve Orsini, Camp Director & PHS JV Baseball & Varsity Football Coach
3 Divisional titles, 2 Regional titles and 1 MD State Championship at Watkins Mill
Ted Gardiner - PHS Varsity Baseball Coach

Checks payable to: Steve Orsini. Mail to: Beth Young, 19928 Spurrier Ave. Poolesville, MD 20837. Payment due as you register.

Player's Name:	Home Number: Mother – Cell Number: _____ Mother – Work Number: _____ Father – Cell Number: _____ Father – Work Number: _____
Home Address:	Age of Player: Grade Entering:
Email Address:	Parent(s): Name(s)
Emergency Contact Name - Home & Cell Number:	Who's responsible for child after camp ends?

As parent or legal guardian of _____ I hereby grant permission for him/her to participate in **BASEBALL** sponsored by the Poolesville Athletic Association. I understand this program is not responsible for any accidents. I understand by signing the form I accept all financial and medical responsibilities for my child.

In addition, as parent or legal guardian I give my consent for emergency medical treatment approved by the team manager or other adult escort in case of serious illness or injury while participating in the Poolesville Athletic Association and related activities. I understand that this is to ensure prompt treatment. I have listed all allergies, special medication needs or physical or medical problems/concerns.

PARENT SIGNATURE

DATE