

2019 Incoming Freshman Summer Camp – Class of 2023



BASEBALL
CLAREMONT HIGH SCHOOL
Home of The WOLFPACK

When: Thursday, August 15th 5:00-8:00 p.m.
Friday, August 16th 5:00-8:00 p.m.
Saturday, August 17th 9:00-1:00 p.m.

Where: Claremont High School Varsity Baseball Field

Cost: \$ 125.00 *Make Checks Payable to: **CHS Dugout Club**
Mail to: 2058 N. Mills Avenue #106 Claremont, CA 91711
(Please return bottom half of this page with your payment)

OR Contact [Coach Williams \(951\) 233-7716](tel:9512337716) to reserve a spot & bring payment to the first session

What to Bring: Baseball pants, protective cup, cleats, helmets, bat, and glove **Catchers:** bring your gear

Why: This camp will provide a glimpse into Claremont High School baseball. The camp is designed for players to build a foundation for required daily drills including hitting, throwing, and fielding drills; as well as, the development of other specific baseball fundamentals by position. Claremont baseball staff and current players will be on hand to communicate, coach, teach, and model all drills. We thank you for your support and look forward to seeing you this summer.

- Water will be provided daily • Hot Dog lunch on Saturday • Players will receive a camp hat and shirt

This is not a District sponsored activity and this material was not prepared at District expense. All proceeds will be used to benefit the Claremont High School Baseball Program. Participation and attendance is voluntary and is not a prerequisite or a guarantee for future participation on CHS baseball team

ENROLLMENT APPLICATION AND INSURANCE WAIVER I/we the parents of the below named child hereby release, absolve, indemnify and hold harmless the Claremont Unified School District, the Claremont High School Baseball Program, and the coaching staff and players for any injuries or damages that he may receive or cause as a result from activities during the above mentioned instructional clinic. I/we assume all risks and hazards incidental to the conduct of the activities and hereby acknowledge that my child is covered under our personal family health care plan.

Name _____ Age _____ Position(s) _____

Address _____

Phone _____ Email _____

Emergency Contact Name & Number _____

Parent/Guardian Name(s) (Printed) _____

Signature _____