Potomac State Baseball Summer Camp 2009

When: July 20-July 23, 2009 (Monday-Thursday)

Where: Potomac State College- Golden Park

Ages: 7-15 (9:30 a.m.-12:00 p.m.) > Registration on Monday begins at 9:00 a.m.

Directors: Head Coach: Doug Little, Assistant Coaches: Don Schafer, Mike Kesecker, and Matt Lupis

Instructors: Current and former PSC players

Camp Highlights: This camp will stress the FUNdamentals of the game of baseball. This includes all aspects of infield/outfield defense, hitting, pitching, catching, and base running. Each camper will receive individual instruction in all facets of the game.

All campers will receive a free 2009 Potomac State Baseball Camp shirt!

Cost: $60.00 (Make checks payable to: Potomac State Baseball)

Note: Campers will be divided by age and skill level. All campers should bring baseball gloves, bats, batting gloves, baseball shoes, tennis shoes for indoor use (in case of inclement weather), caps, catcher’s equipment (for catchers) and uniform pants or clothes suitable for play. A water bottle and sunscreen are highly recommended.

For further information, contact: Doug Little (304) 788-6878
Don Schafer (304) 788-6851
www.potomacstatecollege.edu/athletics/mbaseball

---

2009 SUMMER CAMP REGISTRATION FORM

Name: ___________________________ Age: __________________

Home Address: ___________________________ Date of birth: __________________

City: ___________________________ State: ________ Zip: __________

School attending: ___________________________ Grade in school: __________

Phone: (______) ___________________________ Height: ________ Weight: ________ Primary Position __________

Cell Phone: (______) ___________________________ Emergency Contact: ___________________________

E-Mail Address: ___________________________

I want to be added to Potomac State Baseball E-Update List (Check One): Yes_________ No ______

Have you ever attended a Potomac State Baseball Camp? Yes_________ No ______

Adult T-Shirt Size (Circle One): XXL XL L M S

I certify that my child is medically qualified to attend baseball camp. I hereby authorize the directors of the Potomac State Baseball Camp to act for me in accordance with their best judgment in an emergency situation requiring medical attention. I hereby waive and release the Potomac State Baseball Camp, its employees and staff from all liability for injury and illness incurred while my child is at camp.

Signature of Parent/Guardian: ___________________________ Date: __________________

Family Insurance Company: ___________________________ Policy Number: __________

PLEASE RETURN THIS FORM AND PAYMENT TO: Potomac State College, Attn: Baseball Office, 101 Fort Avenue, Keyser, WV 26726