

Upcoming Clinics

Hitting Clinic

Sundays, January - March

Catching Clinic

Saturdays, January - March

Pitching Clinic

Saturdays, January – March

Fielding and Throwing Clinic

Saturdays, January - March

For Additional Information on Upcoming Clinics

Contact: Eric Danapilis

@ 932-5183

or

@ edanapilis@gmail.com

2011

St. Joseph H.S.



Holiday

Baseball Camp

St. Joseph H.S.

Holiday Baseball Camp

Grades: 1st – 6th

Dates: Dec. 27 -29

Time: 1 PM – 4 PM

Place: SJHS Field House

Cost: \$60

Make Checks Payable To: St. Joseph H.S.

Players will work on the fundamentals of hitting, throwing, and fielding.

*Please Bring Form to Registration on 1st Day of Camp
(Registration begins @ 12:15 PM on Dec. 27th)

*For More Information Call: SJHS Athletics @ 926-3220
Name: _____

Address: _____

Phone: _____

Grade: _____ School: _____

T-Shirt Size (Circle One)

YM YL AS AM AL

This form must be completed and on file prior to participation.

Disclaimer of Liability

St. Joseph H.S., its Athletic Dept., and its staff, do not assume liability for any injuries incurred while at the camp. Parents should contact their own Insurance Carrier to get additional insurance for the camp if necessary. As a condition of enrollment, the following Disclaimer of Liability must be signed and dated by the participant's parents or guardian.

The participant in attending the St. Joseph H.S. Baseball Camp and using the St. Joseph H.S. facilities does so at his/her own risk. St. Joseph H.S., its Athletic Dept., and its staff shall not be held liable for any damages arising from personal injury sustained by the participant during the camp. The participant and his/her parents assume full responsibility for any damage or injuries which may occur to the participant during the camp and do hereby fill and forever exonerate and discharge St. Joseph H.S., its Athletic Dept., and its staff and students from any claims, denials, damages, or rights of action or causes of action, present or future, where the same be known, anticipate, or anticipated resulting from arising out of the participant's participation in camp sessions and in the use of the facility.

In case of emergency, I give permission for the camp staff to seek medical services if the parent or guardian can't be reached.

Signature of Parent: _____ Date: _____