

# 2009

# COMPLETE PLAYER



# BASEBALL CAMP

***Covering All the Bases***

**June 29<sup>th</sup> – July 3<sup>rd</sup>**

**9:00am – 12:00pm**

**Grades 2 – 8**

**At**

**Palmer Park**

**Bartley Rd. Long Valley**

**For More Information**

**Call**

**Jim McDermott**

**908-876-4727**

June 29<sup>th</sup> – July 3<sup>rd</sup> \$175.00

Call for Family Rates

**Program Instruction**

|              |          |
|--------------|----------|
| Base Running | Pitching |
| Hitting      | Fielding |
| Infield      | Outfield |

Players will be grouped according to grade and ability level. Skills will be taught based on each group's ability level.

**Daily Schedule**

|          |                                    |
|----------|------------------------------------|
| 8:45 am  | Drop off (in Parking Lot)          |
| 9:00 am  | Attendance                         |
| 9:10 am  | Go to Fields                       |
| 9:20 am  | Stretch & Throw                    |
| 9:30 am  | Teach 1 <sup>st</sup> Skill of Day |
| 9:50 am  | Teach 2 <sup>nd</sup> Skill of Day |
| 10:10 am | Group I – Drill Station Work       |
|          | Group II – Batting Practice        |
| 10:30 am | Group I – Batting Practice         |
|          | Group II – Drill Station Work      |
| 10:50 am | Snack & Drink                      |
| 11:00 am | Play Game                          |
| 11:50 am | Review Skills of the Day           |
| 12:00 pm | Camper Pick-up                     |

**Campers need to bring:**

- Snack & Drink
- Spikes
- Baseball Pants / Sweatpants
- Bat & Glove
- Protective cup

**PLEASE PUT NAME ON ALL BELONGINGS**

June 29<sup>th</sup> – July 3<sup>rd</sup> \$175.00

Registration fee includes a \$75.00 non - refundable administration charge with each application.

Name: \_\_\_\_\_

Current Grade: \_\_\_\_\_ (08/09 yr)

Address: \_\_\_\_\_

\_\_\_\_\_

Phone (home): \_\_\_\_\_

(cell / work): \_\_\_\_\_

**Make Checks Payable To:**

## Washington Twp Recreation

**Mail To:**

Washington Twp Recreation

Attn: Darlene Hatcher

50 Rock Rd.

Long Valley, NJ 07853

Any Questions Please Call

908-876-4727

Please fill out BOTH SIDES and return this portion only with your payment by June 19th

**Scheduled Camp Personnel:**

**Jim McDermott:** Former Head Coach at  
FDU-Madison & NJIT  
Asst at Seton Hall University  
Asst Coach at Mt Olive High School

**Dan Wydner:** Head Coach at West Morris High School  
Formerly with the N.J. Jackels

**Aaron Mittica:** Coach at Morristown Beard School

**Joe Catalano:** Former standout at Seton Hall University

**Ryan Miller:** Complete Player Baseball School instructor  
Roxbury High School standout

**Paul Ottavinia:** Formerly with Somerset Patriots and  
Texas Rangers

**Kevin McDonald:** Asst Coach at Morristown Beard  
School formerly with Detroit Tigers  
and Atlantic City Surf

**Plus other Collegiate Coaches / Players and  
High School Coaches**

Family Physician and Phone Number:

\_\_\_\_\_

I have medical insurance with:

\_\_\_\_\_

Policy # \_\_\_\_\_

List any special medical conditions camp personnel  
should be aware of:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List the names and phone numbers of persons who  
can be contacted during the day in the event of an  
injury requiring emergency medical treatment:

Name

Phone #

\_\_\_\_\_

\_\_\_\_\_

*I HEREBY CERTIFY THAT MY CHILD IS IN GOOD PHYSICAL HEALTH  
AND MAY PARTICIPATE IN ALL CAMP ACTIVITIES. I WILL NOT  
HOLD THE CAMP OR CAMP PERSONNEL RESPONSIBLE IN THE  
EVENT OF AN ACCIDENT/INJURY AS A RESULT OF MY CHILD'S  
PARTICIPATION IN THE CAMP. I ALSO GIVE PERMISSION FOR  
MY CHILD TO BE GIVEN EMERGENCY TREATMENT AT A LOCAL  
HOSPITAL.*

Parent or Guardian Signature

Name of Parent or Guardian (Please Print)