

2010

COMPLETE PLAYER



BASEBALL CAMP

Covering All the Bases

June 28th – July 1st

(July 2nd Rain Date)

9:00am – 12:30pm

Grades 2 – 8

At

Palmer Park

Bartley Rd. Long Valley

For More Information

Call

Jim McDermott

908-310-1302

June 28th – July 1st \$160.00

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 st Skill of Day
9:50 am	Teach 2 nd Skill of Day
10:10 am	Group I – Drill Station Work
	Group II – Batting Practice
10:40 am	Group I – Batting Practice
	Group II – Drill Station Work
11:10 am	Snack & Drink
11:20 am	Play Game
12:20 am	Review Skills of the Day
12:30 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 28th – July 1st \$160.00

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

Name: _____

Current Grade: _____ (09/10 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

908-310-1302

Please fill out BOTH SIDES and return this portion only with your payment by June 18th

Scheduled Camp Personnel:

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

Mike Womer: Scout with Cincinnati Reds,
Head coach of CP 12-U
Diamondback

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

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)