

FUTURE WARRIOR BALLPLAYERS

Date: June 4-6, 2019

Time: 9:00am - 12:00pm

VICTORIA WEST BASEBALL SUMMER CAMP

Location: Victoria West H.S.

Staff: West Warrior Baseball Coaches & Former Players

Cost: \$65.00 (***Make checks payable to "VWHS Warrior Baseball Camp"***)

Who: OPEN to all Players—**regardless of school attendance zone**, Ages 7yrs to incoming freshman

Agenda: Fundamentals of Throwing, Fielding, Hitting & Base Running will be covered during the first two days of camp. Fundamentals of Pitching & Catching will be covered during the last day of camp, as well as sliding techniques. Pro Style evaluation including: radar speeds from the Out-field/Infield/Pitching Mound, and 60yd dash.

Bring: Baseball gear, cleats, (towel-last day only)

- **WATER WILL BE PROVIDED**

**For more information contact:
Manuel Alvarado, West Baseball Coach,
361-550-9704 or manuel.alvarado@visd.net**

Please fill out and return the bottom portion with payment. May also register on site June 4th.

Name: _____ Grade (2019-20): _____

Address: _____ Emergency Phone #: _____

Parent/Guardian: _____

Waiver of Claims: I as parent or guardian, hereby, give permission for my child to participate in the Victoria Baseball Camp and certify that he/she is physically able to participate in camp activities. I hereby authorize the coaches for the Victoria Baseball Camp to act for me according to their best judgments in an emergency requiring medical attention and knowledge that I will be responsible for any cost incurred due to sickness or injury to my child.

I agree to indemnify and save harmless coaches for any suits, actions, claims, penalties and expense, including attorney's fees of any character, type or description, property, arising out of and occasioned by, or attributed to, directly or indirectly, my child's participation in the Victoria Baseball Camp, including claims and damages arising in whole or in part from negligence of Coaches, City of Victoria, Parks & Rec, its employees, agents, and attorneys.

Signed by: _____ Date: _____

Parent/Guardian

Please return form to:
Victoria Baseball Camp
ATTN:
Manuel Alvarado
306 Crawford Dr. 77904