

Lamesa Baseball Summer Camp

Lamesa Baseball will be hosting a baseball camp this summer. May 28-May 30. You will be learning fundamental baseball skills! We will work infield drills, outfield drills, Pitching, catching and Hitting. Head Coach Bobby Alvarez, Assistant coaches Steve Garcia, Zane Mauney, AJ Benton and Avery Gutierrez will be working as well as some former Tornado Baseball players.

Camp will be for incoming 3rd graders- 5th graders 9:00- 11:00 and incoming 6th graders – 9th graders. The fee will be \$30 and will include a T-Shirt at the conclusion of camp. Registration will be on the first morning of camp. Please bring water, baseball glove, bat, Helmet, catchers gear if you have some. You will have an opportunity to work on your own skills and learn new drills that will help you improve your game.

Where: Joe Spikes Baseball field

When: May 28,29 and 30th

Time: 3rd-5th graders 9:00-11:00, 6th – 9th graders 1:00-3:00



The Baseball Camp Application
PLEASE PRINT INFORMATION BELOW

Name:

Address:

City: _____ State: _____ Zip: _____

Parent or Guardian:

Daytime Telephone: (_____) _____

Evening Telephone: (_____) _____

Grade in August: _____ Age: _____

T-shirt size: _____ (please indicate youth or adult in size)

Medical Treatment Authorization Form

DOB ___/___/___

Participant's Name

1. List any medical conditions that camp personnel should be aware of (use additional pages if necessary):

2. List any medications currently taking:

3. List any allergies: _____

In case of emergency please contact:

Name

Daytime Telephone

Evening Telephone

Name of Medical Insurance Company

Telephone

Insurance Policy Numbers

I, _____, as parent or legal guardian of the participant named above, authorizes camp personnel to seek medical attention which is reasonably necessary to care for the participant. I further authorize the medical facility that treats the participant to release all information needed to complete insurance claims. I acknowledge my responsibility to pay all costs associated with the participant's medical care and authorize all insurance payments, if any, to be made directly to the medical facility.

Signature (Parent or Guardian)

Date