What is camp like at Hitting Zone?
The Hitting Zone Camp is an interactive experience where kids leave the field excited about playing baseball! Our goal is to implement a schedule that is balanced between fun baseball activities and serious skill instruction. Every outstanding baseball player possesses solid fundamentals. The purpose of the camp is to teach the basic fundamentals, giving each player the foundation they need to become the best player they can be! Topics covered during camp include hitting, bunting, fielding, stealing bases, catching and pitching.

When is camp?
April 25th- 27th, 2011 (For ages 5-13)

Tentative Schedule

9:00am- 9:15am: Introduction
9:45am-10:15am: Baserunning
11:15am-12pm: Lunch
1:15pm-2:15pm: Games
9:15am-9:45: Stretching/Plyometrics/Throwing
10:15am-11:15am: Hitting Drills
12pm-1:15pm: Defensive Drills
2:15pm-2:30pm: Talk/Dismissal

What to Bring?
Campers should bring their gloves, hat, bat, cleats or tennis shoes, and pants.
Each camper is responsible for their own lunch. Cold drinks and snacks will also be for sale.

Dave Kent, Camp Director
Dave Kent, the former Head Coach of Jesuit and Chamberlain High Schools, played pro ball for five seasons and has been a hitting instructor for over 25 years.

Tony Menendez, Camp Staff
Tony Menendez grew up playing baseball in the Tampa Bay area from little league to college level. Tony is the recipient of numerous awards, including the Tim Crews Award, the Triton Award, the James R. Harley Award and Scholar Athlete of the Year. He has eight years experience teaching skills through individual lessons and camps with his primary focus on working catchers.

Terry Rupp, Camp Staff
Terry Rupp played two years of pro ball and currently has four former players in the MLB. He was the former Head Coach at the University of Maryland and the University of Tampa as well as a former Yankees Minor League instructor. He is currently the assistant coach for Team USA.

HITTING ZONE BASEBALL CAMP REGISTRATION FORM

Last Name: _____
First Name: _____
Address: _____
City: _____ Zip: _____
Phone: _____ Age: _____
Email: _____
School: _____
Emergency Contact: _____
Emergency Contact Number: _____
T-Shirt Size: Y _____ A _____

Full Session (ages 5-13)
Monday April 25- Wednesday April 27th --------$150
9AM - 2:30PM

Daily Session (ages 5-13)
Monday April 25- Wednesday April 27th --------$60/day

Bayshore Little League
Barbados Drive
Tampa, FL 33606

Total enclosed $_____

I hereby request that my child be admitted to the Hitting Zone Baseball Camp and authorize the directors or any member of the staff to act for me according to their best judgment in any emergency requiring medical attention for which I will pay all costs. I understand that any camper who does not abide by the rules and regulations of the camp is subject to dismissal without reimbursement or recourse. I have read and hereby accept the conditions described on this brochure.

_____
Parent/Guardian Signature Date

Mail completed registration form, waiver and payment in the form of check or money order (payable to HITTING ZONE) to:

Hitting Zone Spring Baseball Camp
7815 N Dale Mabry Hwy
Tampa, FL 33614

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WAIVER FORM RELEASE FOR MEDICAL TREATMENT

Please complete this application carefully and fill out all of the information.

Name: _____

Date of Birth: _____ Age: _____

Health History: Please list ANY allergies, disease, medications, special needs, restrictions and/or limitations.

_____

_____

_____

_____

_____

_____

Physician's Name: _____

Physician's Phone Number: _____

Parent/Guardian Health Insurance Comp: _____

Policy Number: _____

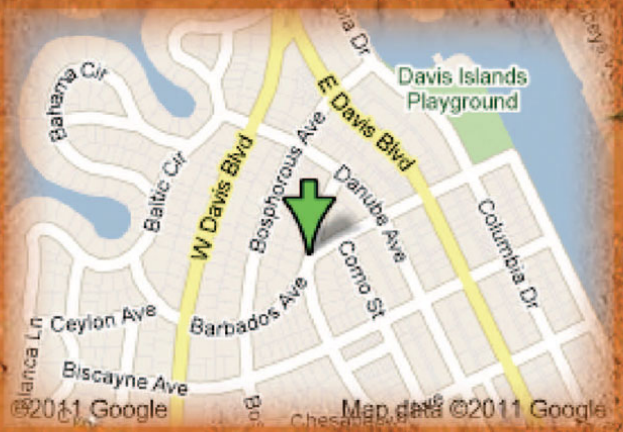
Parent/Guardian Authorization

This health history is correct to the best of my knowledge, and the person herein as described has permission to participate in all camp activities except as listed above. In the event that I can not be reached in an emergency, I hereby give permission to the physician selected by the camp director to hospitalize, secure proper treatment for and order injection, anesthesia, or surgery for my child as named above. My child has had a physical and may participate in all activities at the Hitting Zone Camp. I give permission for my child to be treated by a certified athletic trainer or physician. I further agree that the Hitting Zone Camp staff should be held harmless from and indemnified against any and all liability, cost claims, loss or damage which it or they may incur as a result of an accident or injury to my child.

_____

Parent/Guardian Signature Date

Bayshore Little League
Barbados Drive, Tampa, FL 33606
813.254.1247



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SPRING INTO FUNDAMENTALS

ONLY @ HZ

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