

HARTFORD BASEBALL YOUTH CAMP



Individual Skill Sessions



Each session will be run by Head Coach Eric Vanden Acker, along with the members of the HUHS Players and Coaches

INDIVIDUAL CAMP:

Hitting/Fielding/Game Situation Session

Pitching/Catching/Baserunning Session

DATE:

Saturday, March 25th

Saturday, April 8th

TIME:

11 am – 2 pm

11 am – 2 pm

*Players currently in 1st – 8th grade are eligible for each camp

COST: Each session is \$25. Every player will receive a camp t-shirt (max one t-shirt per player) and individual instruction from members of Hartford Baseball Players and Coaches.

*** Players may sign up for one or both of the camps**

LOCATION: Hartford Union High School Field House and Gym - 805 Cedar St, Hartford

*All sessions will be held indoors. Players must wear tennis shoes and are encouraged to bring a baseball bat and glove.

LIMITED SPACE: In order to give each player individual attention, each session will be limited to the first 40 registrants.

All participants must have a signed Parent and Athlete Concussion Form

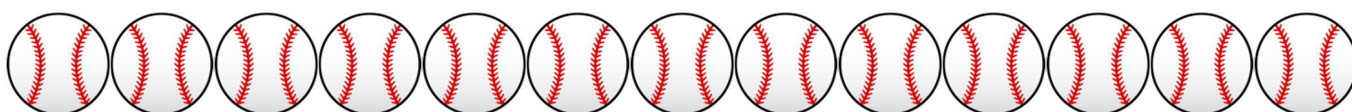
DEADLINE: FRIDAY, FEBRUARY 17th



@HUHS_Baseball

Questions: Please contact Head Coach Eric Vanden Acker

Email : eric.vandenacker@huhs.org Cell phone: 920-740-1125



REGISTRATION FORM

Hitting/Fielding/Game Situations (\$25) Pitching/Catching/Baserunning Session (\$25) Both Sessions (\$50)

Name: _____ Grade: _____ T-Shirt Size: YS YM YL AS AM AL

Address: _____

City: _____ Zip: _____

Email Address: _____ Cell Phone: _____

Emergency Contact and Phone #: _____

*Make all checks (nonrefundable) payable to: **Hartford Baseball**

PARENT & ATHLETE CONCUSSION AGREEMENT

As a Parent and as an Athlete it is important to recognize the signs, symptoms, and behaviors of concussions. By signing this form you are stating that you understand the importance of recognizing and responding to the signs, symptoms, and behaviors of a concussion or head injury. *This form must be completed for every sports season and for every youth athletic organization the athlete is involved with.*

Parent Agreement:

I _____ have **read** the Parent Concussion and Head Injury Information and **understand** what a concussion is and how it may be caused. I also understand the common signs, symptoms, and behaviors. I agree that my child must be removed from practice/play if a concussion is suspected. I understand that it is my responsibility to seek medical treatment if a suspected concussion is reported to me. I understand that my child cannot return to practice/play until providing written clearance from an appropriate health care provider to his/her coach. I understand the possible consequences of my child returning to practice/play too soon.

Parent/Guardian Signature _____ Date _____

Athlete Agreement:

I _____ have **read** the Athlete Concussion and Head Injury Information and **understand** what a concussion is and how it may be caused. I understand the importance of reporting a suspected concussion to my coaches and my parents/guardian. I understand that I must be removed from practice/play if a concussion is suspected. I understand that I must provide written clearance from an appropriate health care provider to my coach before returning to practice/play. I understand the possible consequence of returning to practice/play too soon and that my brain needs time to heal.

Athlete Signature _____ Date _____

Send Check, Registration Form and Concussion Agreement to:

Eric Vanden Acker, 805 Cedar St., Hartford WI 53027

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