

3rd Annual 2018 McQuaid Jesuit Summer Baseball Program Camp

- Dates:** July 16th-19th (rain date will be the 20th)
- Time:** **Session 1:** 9am – 11:00am for Grades 6-8 (Open to all schools)
Session 2: 12:00-2:00pm for Grades 9-12 (McQ students only)
- Location:** McQuaid Jesuit High School
- Cost:** \$150 fee which includes baseball instruction, daily refreshments, end of the camp pizza party.
- Co-Directors:** Tony Fuller, Head Varsity Baseball Coach, McQuaid Jesuit HS
Rob Consaul, Assistant Varsity Baseball Coach, McQuaid Jesuit HS
- Staff:** McQuaid Jesuit High School Baseball Staff along with current and former college baseball players.

Our camp will focus on the fundamentals of baseball. We will have hands-on instruction from quality instructors. The offensive fundamentals that we will focus on are hitting, base running, and bunting. The defensive fundamentals will include throwing, catching, pitching, and fielding. Our camp will also teach teamwork as well as sportsmanship. All campers will need a glove, baseball clothes, cleats, bat (optional) and sneakers in case of inclement weather. In case of rain we will have access to the Field House at the High School. FOR MORE INFORMATION Email Tony Fuller at McQuaidBaseball@gmail.com

Registration Form

3rd Annual McQuaid Jesuit 2018 Summer Baseball Program Camp

Name: _____ Grade: _____

Address: _____

City: _____ Zip: _____

Home Phone: _____ Emergency Phone: _____

Please Check one: Session 1 (Grade 6-8): _____ Session 2 (Grade 9-12) : _____

I approve of my child's attendance at the 3rd Annual McQuaid Jesuit 2018 Summer Baseball Program Camp and certify that he/she is in good health and able to participate in all activities. I also authorize the staff of the 3rd Annual McQuaid Jesuit 2018 Summer Baseball Program Camp to act accordingly to their best judgment in an emergency requiring medical attention, and hereby release Tony Fuller, the McQuaid Jesuit 2018 Summer Baseball Program Camp, and any other staff from any and all liabilities for injuries incurred while participating in the camp. We/I, the parents/guardians, also understand that We/I are responsible for maintaining health insurance to cover any emergency, hospital, or medical expenses. I further understand that refunds are to be determined by the camp director.

Parent/Guardian Signature: _____

Make Checks Payable to: McQuaid Jesuit

Registration Mailed to:

McQuaid Jesuit

Attn: Amy Sheffer

1800 South Clinton Avenue

Rochester, NY 14618