



Bishop Verot Baseball Camp



Come and Learn How the Winning Tradition is Built.

Session 1-Ages 7-12, Mon. July 19 - Thurs. July 22, 8:30-12:00

Session 2- Ages 13-14, Mon. July 26 - Thurs. July 29, 8:30- 12:00

TOM LOSAURO, THE VARSITY BASEBALL COACH AT BISHOP VEROT HIGH SCHOOL, HIS STAFF, AND SELECT PAST AND PRESENT VIKING PLAYERS WILL LEAD THE INSTRUCTION. EMPHASIS WILL BE ON LEARNING THE FUNDAMENTALS OF BASEBALL. DRILLS WILL BE TAUGHT THAT CAN BE USED AFTER CAMP IS OVER. FIELDING, HITTING, PITCHING, AND BASE RUNNING WILL BE COVERED IN DETAIL. GAMES WILL BE PLAYED DAILY TO REINFORCE THE FUNDAMENTALS. A GREAT TIME WILL BE HAD BY ALL.

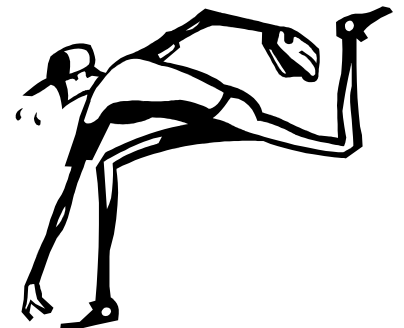
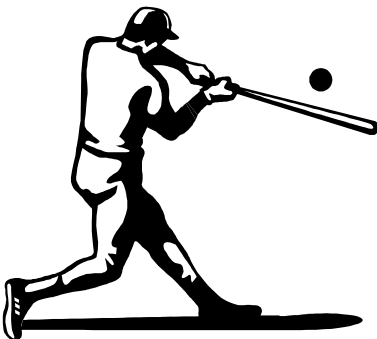
CONCESSION STAND AVAILABLE FOR DRINKS AND SNACKS

COST: \$100.00 PER SESSION

CONTACT: TOM LOSAURO

274-6756 or tom.losauro@bvhs.org

BRING YOUR BAT, HAT, GLOVE, AND ENERGY.



APPLICATION

Bishop Verot High School Baseball Camp

Date _____

Camper's Name: _____ Date of Birth _____

Camp Session _____ Grade Entering _____

Parent _____

Address _____

City _____ State _____ ZIP _____

Home Phone _____ Business Phone _____

E-mail _____

Emergency Phone _____

Medical Consent Form:

The undersigned hereby gives consent and permission to Tom LoSauro and staff to call 911 or take my child named below to any hospital or emergency medical facility and admit my child for treatment for any cause whatsoever, during the hours of the baseball camp. I will be responsible for the charges for these actions on behalf of my child and agree to hold Bishop Verot High School baseball camp, or any designated representatives harmless for any liabilities therefore.

Parent's Name _____ Child's Name _____

Any Allergies? Yes No

Is participant on medication? Yes No

Any medical conditions? Yes No

In consideration of me or my child being permitted to participate in the baseball school held by Bishop Verot High School, the undersigned for him and the minor releases, waives, discharges, and covenants not to sue Bishop Verot High School, the director or it's staff, from all liability to or claim for damage against me or my child, on account of injury to the person. This release contains the entire agreement between the parties to this agreement and the terms of the release are contractual and not a mere recital.

Signature _____ Date _____

PLEASE RETURN TO:

BISHOP VEROT BASEBALL
5598 SUNRISE DRIVE FORT MYERS, FL 33919