**Mariner Baseball Camp**

*Open to boys and girls in grades 2-8.*

Cost: $90 per student

Dates: Session 1: July 24th – 28th

Times: 8:30 A.M.- 11:30 AM

Location: The Basilica School Baseball Field

*Note: Camp space is limited to the first 30 applicants.*

**Camp Goal**

To provide the best in individual and group instruction covering the fundamentals of baseball in a competitive but fun learning environment.

*Campers must be properly attired. Athletic shoes/cleats, a hat, a glove, a bat and sunscreen. Baseball pants are optional, not needed.*

**Camp Schedule:**

Every day we will start with warm-ups, skill development and a game at the end of the day (time permitting).

**MONDAY:**  Batting and Bunting (Getting the foot down, eye on the ball, proper form, batting games)

**TUESDAY:**  Infield/outfield (Prep step, proper form while fielding, infield/outfield games)

**WEDNESDAY:**  Pitching/Catching (Proper forms, accuracy, pitching games)

**THURSDAY**: Review of Fundamentals

**FRIDAY:**  World Series! (A big World Series)

**Camp Application**

Camper’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

First Last

Age: \_\_\_\_\_ Grade Level Next Fall: \_\_\_\_\_

Home Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City State Zip

Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Wk Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Camper Shirt Size: Youth: S M L

Adult: S M L XL XXL

***Please make checks payable to: The Basilica School***

***700 Truman Avenue Key West, Fl. 33040***

MARINER BASEBALL CAMP REGISTRATION

I waive and release the Mariner Baseball Camp; its coaches and The Basilica School from any and all liability from injury or illness incurred during participation in the Mariner Baseball Camp. I as parent/guardian have actual knowledge of and appreciate the particulars of the program and hereby voluntarily consent to said minor’s participation, and assume the risks arising there from. I hereby give my permission for emergency medical treatment in the event I cannot be reached.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parent or Guardian Date

Mariner Baseball Camp

2017



*Brought to you by*

**Coach Rick Bessey**

**The Basilica School of**

**Saint Mary Star of the Sea**

700 Truman Ave

Key West, Florida

33040