

PARKVIEW BAPTIST BASEBALL CAMP THANKSGIVING 2019



TENTATIVE SCHEDULE

11/25/19	
8:00-8:45	CHECK IN/REGISTRATION
9:00-9:30	STRETCH/AGILITIES/WARM UP
9:30-11:15	HITTING/FIELDING/BASERUNNING
11:15-12:00	BASEBALL COMPETITION
11/26/19	
9:00-9:30	STRETCH/AGILITIES/WARM UP
9:30-11:15	HITTING/FIELDING/BASERUNNING
11:15-12:00	BASEBALL COMPETITION

WHEN: MONDAY, NOVEMBER 25TH AND TUESDAY, NOVEMBER 26TH / 9:00 AM-12:00 PM

WHERE: PARKVIEW BAPTIST SCHOOL BASEBALL FACILITY

WHO: OPEN TO ALL K - 8TH GRADERS AND HOSTED/LED BY PBS BASEBALL COACHES & PLAYERS

CAMP OBJECTIVE

OUR OBJECTIVE IS TO TEACH THE FUNDAMENTALS OF BASEBALL IN A FUN AND EXCITING ATMOSPHERE. CAMPERS WILL BE GROUPED ACCORDING TO AGE AND / OR ABILITY. CAMPERS WILL BE INTRODUCED TO THE COACHES AND THEIR APPROACHES TO BASEBALL.

CAMP DETAILS

- COST PER CAMPER: \$60.00 (PRICE FOR 2 DAYS OF CAMP)
- CAMPERS WILL NEED TO DRESS ACCORDINGLY, AND ALSO BRING TENNIS SHOES, & CLEATS
- FOR QUESTIONS, PLEASE CONTACT COACH COLLINS @ JOHN.COLLINS@PARKVIEWBAPTIST.COM
- PLEASE COMPLETE / DETACH THE REGISTRATION FORM BELOW AND DELIVER BY MAIL OR IN PERSON TO:
- MAKE CHECKS PAYABLE TO PARKVIEW BAPTIST BASEBALL

**ATT: COACH JOHN MICHAEL COLLINS
5750 PARKVIEW CHURCH RD.
BATON ROUGE, LA 70816**

NAME: _____ AGE: _____ DOB: _____ GRADE: _____

ADDRESS: _____ CITY/STATE/ZIP: _____

EMERGENCY CONTACT 1: _____ PHONE #: _____

SCHOOL (2019-2020): _____

REGISTRATION & PARENTAL CONSENT

I _____ authorize the staff of the Parkview Baptist Baseball Camp to act in their best judgment in any medical emergency. I, the parent of _____, release said persons from any and all liability for injury and illness while attending the camp.

Signed _____ Date _____