

**Marian Central Catholic high School**  
**2019 Baseball Summer Camp Information**

**WHEN:** June 4th - 9<sup>th</sup> (Tuesday – Friday)

**TIME:** 9:00 – 11:30am

**WHERE:** Field of Dreams (Across street from school at Stoplight)

**WHO:** Athletes entering grades 2<sup>nd</sup> – 9<sup>th</sup>

**COST:** \$100 per camper (\$90.00 each for siblings)

**WHAT:** A fun and interactive baseball camp with coaches teaching the campers about basic baseball related skills, including teaching the proper mechanics of hitting, throwing, infield and outfield play, base running and overall baseball knowledge. Campers responsible to bring their own hat, bat, glove, cleats and tennis shoes (for inclement weather). Each camper will receive a camp T-shirt. Awards and recognition at the conclusion of each day's session. Marian Central coaches and players will instruct throughout the week of the camp.



**GRADES 2<sup>nd</sup> thru 9<sup>th</sup>**

**JUNE 4<sup>th</sup> - 9<sup>th</sup>**

**9:00 – 11:30AM**

**\$100 Per Camper (Siblings - \$90 Each)**

**WALK - INS WELCOME!!**

**Camp Information:**

**Instruction provided by Marian Central Baseball Staff**

**Cost - \$100 Per Camper (\$90 each for siblings)**

**T-shirts will be provided to each camper**

**Please make check out to: Marian Central Baseball**

**Mail registration & check to Marian Central Catholic High School**

**Attn: Tom Kruse**

**1001 McHenry Ave.**

**Woodstock, IL 60098**

**Walk – In registrations welcome!**

**Please contact Coach Tom Kruse with any questions at [tkruse@marian.com](mailto:tkruse@marian.com)**

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**MARIAN CENTRAL CATHOLIC HIGH SCHOOL BASEBALL CAMP APPLICATION**

**NAME:** \_\_\_\_\_ **GRADE (FALL '19)** \_\_\_\_\_

**SHIRT SIZE:** YS YM YL AM AL AXL AXXL AXXXL (Please circle one)

**ADDRESS** \_\_\_\_\_

**CITY** \_\_\_\_\_

**ZIP CODE** \_\_\_\_\_

**PHONE 1:** \_\_\_\_\_ **PHONE 2:** \_\_\_\_\_

**PARENT EMAIL:** \_\_\_\_\_

**PARENT/GUARDIAN SIGNATURE:** \_\_\_\_\_

**WAIVER/STATEMENT:** I hereby waive, release and forever discharge Marian Central Catholic High School and its staff from any liability or claims arising out of any loss, personal injury or property damage that may occur during participation in the camp. I certify that this participant is able to participate in all camp activities. In case of emergency, I grant permission for my son to be given emergency treatment at a local hospital.

Parent's Signature \_\_\_\_\_

Date : \_\_\_\_\_

