

HARTFORD BASEBALL YOUTH CAMP



Individual Skill Sessions



Camp will be run by Hartford Union High School Head Coach Eric Vanden Acker, along with HUHS Players and Coaches on Saturday, April 21st.

The camp will be held in one session on Saturday, April 21st. The time of the camp is dependent on the grade level of the player.

INDIVIDUAL CAMP:

Hitting, Fielding and Game Situations
Hitting, Fielding and Game Situations

GRADE LEVELS:

Grades K-4
Grades 5-8

TIME:

10 am – 12:30 pm
1 pm – 3:30 pm

COST: Camp is \$30. Every player will receive a camp t-shirt (max one t-shirt per player) and individual instruction from Hartford Baseball Players and Coaches.

LOCATION: Lincoln Fields – next to Gib Mahr Football Field (698 Cedar Street)

*Weather pending, sessions will be outdoors. There will be no make-up date and no refunds if weather forces players inside. Players should bring tennis shoes in case of inclement weather. Players are encouraged to bring a baseball bat, glove and soft spikes.

LIMITED SPACE: In order to give each player attention, each session will be limited to the first 50 registrants.

All participants must have a signed Parent and Athlete Concussion Form

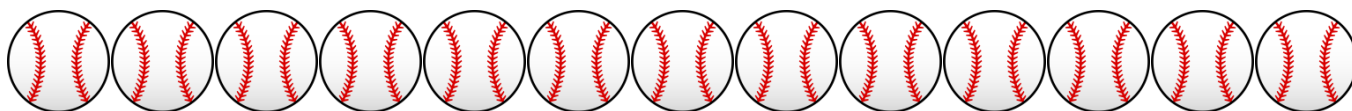
DEADLINE: FRIDAY, March 23rd



@HUHS_Baseball

Questions: Please contact Head Coach Eric Vanden Acker

Email : eric.vandenacker@huhs.org Cell phone: 920-740-1125



REGISTRATION FORM

Grades K-4 (10:30 am – 12:00 pm)

Grades 5-8 (1:00 pm – 3:30 pm)

Name: _____ Current Grade: _____

T-Shirt Size (circle one): YS YM YL AS AM AL

Address: _____

City: _____ Zip: _____

Email Address: _____ Cell Phone: _____

Emergency Contact and Phone #: _____

*Make all checks (nonrefundable) payable to: **Hartford Baseball**

PARENT & ATHLETE CONCUSSION AGREEMENT

As a Parent and as an Athlete it is important to recognize the signs, symptoms, and behaviors of concussions. By signing this form you are stating that you understand the importance of recognizing and responding to the signs, symptoms, and behaviors of a concussion or head injury. *This form must be completed for every sports season and for every youth athletic organization the athlete is involved with.*

Parent Agreement:

I _____ have **read** the Parent Concussion and Head Injury Information and **understand** what a concussion is and how it may be caused. I also understand the common signs, symptoms, and behaviors. I agree that my child must be removed from practice/play if a concussion is suspected. I understand that it is my responsibility to seek medical treatment if a suspected concussion is reported to me. I understand that my child cannot return to practice/play until providing written clearance from an appropriate health care provider to his/her coach. I understand the possible consequences of my child returning to practice/play too soon.

Parent/Guardian Signature _____ Date _____

Athlete Agreement:

I _____ have **read** the Athlete Concussion and Head Injury Information and **understand** what a concussion is and how it may be caused. I understand the importance of reporting a suspected concussion to my coaches and my parents/guardian. I understand that I must be removed from practice/play if a concussion is suspected. I understand that I must provide written clearance from an appropriate health care provider to my coach before returning to practice/play. I understand the possible consequence of returning to practice/play too soon and that my brain needs time to heal.

Athlete Signature _____ Date _____

Send Check, Registration Form and Concussion Agreement to:

Eric Vanden Acker, 805 Cedar St., Hartford WI 53027

DEADLINE: FRIDAY, MARCH 23rd