

# 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 13<sup>th</sup>.

The camp will be held in one session on Saturday, April 13<sup>th</sup>. 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 \$35. 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\***

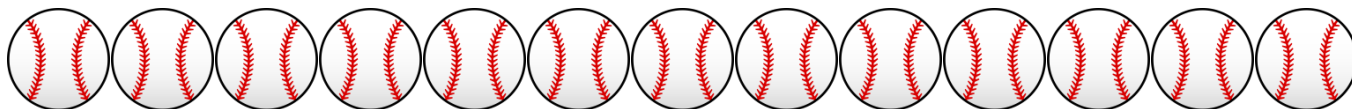
**DEADLINE: FRIDAY, March 22<sup>nd</sup>**



@HUHS\_Baseball

Questions: Please contact Head Coach Eric Vanden Acker

Email : [eric.vandenacker@huhs.org](mailto:eric.vandenacker@huhs.org) Cell phone: 920-740-1125



**REGISTRATION FORM**

Grades K-4 (10:00 am – 12:30 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 22<sup>nd</sup>**