

SC BASEBALL SCHOOL @ CABRILLO COLLEGE

849 Almar Ave Suite C Box 322
Santa Cruz, CA 95060

www.santacruzbaseballschoo.com
santacruzbaseball@comcast.net

Dear Santa Cruz Baseball School Summer Camper:

We hope you enjoyed the summer session again @ SCHS. We have now expanded our offerings and we will be offering year round clinics and camps for all of the youth in Santa Cruz County. These camps will vary in instructional services, and will be affordable and extremely useful for all skill levels. Below is a brief outline of the 2 offerings:

Sunday Pitching Clinics:

Every Sunday from 9/13-11/22, we will be offering a pitching specific clinic from 1-3 @ Cabrillo College. These clinics will be led by Cabrillo College Pitching coach Brandon Hennessey and Professional pitcher Lauren Gagnier will be assisting. The clinics will be directed for proper mechanics, healthy and safe pitching technique, developing power and assisting in the proper development of youth pitching. The pricing options are: \$150 for any 4 sessions you choose, \$200 for 8 sessions and \$300 for all 11 sessions. Space will be limited to the 1st 20 enrollees so sign up early. Age group is 10-15.

Twilight Weekday Hitting League:

The hitting league concept is sweeping across America, and we will be the 1st in N. California to offer this league. The basic concept of the league is this: There will be teams of 3 players (preferably you compose the teams, but we will be able to place single sign ups) On Tues and Wed there will be competitions, in the cages @ Cabrillo College. The cage game is a batting practice game where hits and runs are determined by a batted ball (it is a variation of the "D Rat" game we play in camp). Each week, teams will play different opponents. Games will be @ 4:15-5:00 and 5:00-5:45. The League will run for one month, beginning Tues 9/ 22 until 10/13 and League 2 will run from 10/20- 11/10. Each league will have a max of 8 teams @ a cost of \$150 per team. We anticipate a huge response for this so please get your teams signed up as quickly as possible. Age group is 10-15.

The 2nd page of this mailing is the sign up form and we urge you to sign up as quickly as possible for these two great offerings. We look forward to expanding our services in the county and we'll see you soon @ Cabrillo College.

Bob Kittle
Santa Cruz Baseball School
Head Baseball Coach, Cabrillo College
(831) 234-9824

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SIGN UP FORM FOR FALL OFFERINGS

NAME: _____ AGE: _____

ADDRESS: _____

PHONE NUMBER: _____ EMAIL: _____

Please fill out waiver form on the back of this application and mail payment to the above address.

PITCHING CLINICS Sundays from 9/13-11/22:

4 clinics your choice \$150 _____ **8 clinics your choice \$250** _____

All 11 clinics \$300 _____

In the 4 and 8 clinic options, you must call in by Friday of the clinic you are attending to reserve space. We need this to properly staff each session

HITTING LEAGUE

Session 1 (9/22-10/13) _____

Session 2 (10/20-11/10) _____

Team Name: _____ **Team Members:** 1). _____

2). _____

Individual Fee \$50: _____

Team Fee \$150: _____

**SANTA CRUZ BASEBALL SCHOOL PARENT RELEASE TREATMENT
AUTHORIZATION & HEALTH STATEMENT**

PLAYER/CAMPER'S NAME (PLEASE PRINT)

PARENT/GUARDIAN NAME (PLEASE PRINT)

RELATION TO CAMPER

MEDICAL INSURANCE CO.

PLEASE LIST ANY MEDICAL CONDITIONS OR ALLERGIES THE CHILD MIGHT
HAVE OF WHICH AUTHORITIES BE
AWARE: _____

EMERGENCY CONTACT NAME & PHONE #: _____

I HEREBY AUTHORIZE AND GIVE MY CONSENT TO THE STAFF OF THE SANTA
CRUZ BASEBALL SCHOOL, ANY CHOSEN PHYSICIAN, AND/OR MEDICAL
PERSONNEL TO PERFORM UPON (OR ADMINISTER
TO) _____

(NAME OF PLAYER/ CAMPER)

ANY REASONABLE NECESSARY MEDICAL OR SURGICAL TREATMENT AND
TO ACT FOR ME ACCORDING TO THEIR BEST JUDGMENT IN ANY
EMERGENCY REQUIRING MEDICAL ATTENTION.

MY SIGNATURE ALSO CERTIFIES THAT MY SON/DAUGHTER HAS OBTAINED
PROPER MEDICAL CARE FOR ANY CURRENT MEDICAL CONDITION. I WILL
BE RESPONSIBLE FOR ANY MEDICAL CARE OR OTHER CHARGES IN
CONNECTION WITH HIS/HER ATTENDANCE AT CAMP:

SIGNATURE OF PARENT/GUARDIAN