

SUMMER BASEBALL DAY CAMP
BOTETOVRT SPORTS COMPLEX
TUESDAY, June 19th TO THURSDAY, June 21st

Botetourt County Parks, Recreation and Tourism and the Ultimate Baseball Clinics have teamed up to bring you a dynamic baseball camp for this summer. The camp will be directed by Atlanta Braves Scout and baseball coach Roger White. It will challenge your skill level and you'll learn many different aspects of the game of baseball. The camp will emphasize and include the following:

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| *Hitting Drills | *Base-running Techniques |
| *Pitching Form & Mechanics | *Running Drills |
| *Infield & Outfield Drills and Fundamentals | *Team Play & Sportsmanship |
| *Guest Speakers | *Physical & Mental Approaches to the Game |
| *Awards Given To Selected Campers | *Mid-day snack provided |

SUMMER CAMP STAFF WILL INCLUDE:
AREA COACHES, HIGH SCHOOL AND COLLEGE PLAYERS IN ATTENDANCE

If you want to “Learn the game right” and “Play the game hard” then you don’t want to miss this baseball camp. Come and get a true baseball experience this summer.

CAMP DATES:

TUES - THURS - June 19-21 9:00am - 2:00pm Ages 7 – 13 Botetourt Sports Complex

- Players need to bring their own baseball bat, helmet, glove, and wear baseball pants and cleats.
- In the event of inclement weather, call the cancellation hotline at 992-0012.

This camp is for the beginner or the advanced player. You will learn and do drills you have never done before. It will help the beginner learn how to start to become a good player. It will take the advanced player to the next skill level. You must remember the game of baseball is both a physical and mental challenge, how well you prepare today will tell how you may play tomorrow. Hope to see you on the field... Coach Roger White (h) 966-4834, (c) 529-7275

-----**CUT & MAIL**-----

PLEASE READ AND COMPLETE CAREFULLY

CAMP COST \$155.00

Make Checks Payable To: Roger White

Registration Deadline is June 8th , 2012
Mid-day snack provided

Mail Registration and Check To:

Summer Baseball Camp
2974 Blacksburg Road
Troutville, VA 24175

NAME: _____

AGE AS OF JUNE 18, 2012: _____

ADDRESS: _____

ADULT T-SHIRT SIZE: S M L XL
(Circle One)

HOME PHONE: _____

CELL PHONE: _____

WAIVER FORM: I understand, hereby certify that I am the parent or legal guardian of the camp participant. I give permission for the staff of the clinic to seek appropriate medical attention in case of emergency. The staff of the clinic is in no way responsible for injury to camp participant or for any lost or damaged equipment that may belong to the camp participant during the time of the sport camp.

Signature of parent or guardian _____ **Date** _____