

Medical Information

Authorization to Participate

(Required to Enroll in Camp)

Name _____,

is in good health and is able to participate in the camp activities. I (am/not) attaching a note explaining special and/or required medications, if any. I agree that in case of an accident involving my child while attending this camp and with full awareness that baseball is an activity that may involve risk or injury, I release Coach COA, LLC, Advanced Baseball Development Inc., HCYP, and Casey Medairy from any and all liability for any injuries or illness occurred while at camp.

In case of any emergency, I authorize the appropriate camp personnel to request medical treatment as necessary to ensure the well-being of my child. I understand that the "Camp," Coach COA, LLC, Advanced Baseball Development Inc., HCYP, and Casey Medairy do not provide medical insurance and that I will not be responsible for all medical expenses occurred.

Parent/Guardian Signature

Registration Form

Name: _____

Age: _____ DOB: _____

Street: _____

City: _____

State: _____ Zip: _____

E-Mail: _____

Home Phone: _____

Cell Phone: _____

Name of Emergency Contact While at Camp:

Emergency Phone: _____

T-Shirt Size (circle one):

Y-L A-S A-M A-L A-XL

Defensive Positions (circle two):

1B INF OF C



Youth Summer Baseball Camp

Kiwanis Wallas Park, Ellicott City

July 13-16

Monday-Thursday

9:00am-3:00pm (Full day)

9:00am-12:00pm (Half day)





—has teamed up with—



These two well established baseball organizations bring you the best quality of instruction around. **Coach Medairy has a philosophy that baseball needs to be a worthwhile and enjoyable experience for the youth player.** Part of that enjoyment comes from being able to perform up to the individual player's "potential." The successful player is proficient in throwing and catching the baseball, hitting, and base running.

The 9am-Noon session will place an emphasis on skill development stations with hands-on instruction. Baseball instruction will include: Attitude/Hustle/Sportsmanship, Speed/Agility, Baserunning, Hitting/Bunting, Throwing Mechanics/Accuracy/Strength, Groundball Technique, & Flyball Technique. **Each morning will conclude with a game, which will allow our coaches to instruct in "game situations."**

Though playing and practicing the game of baseball will be the focus of our staff, there will be an underlying theme of sportsmanship, positive attitude, and hustle instilled in the players. Our hope is that the youth player will have one of the most enjoyable camp experiences he has ever had. Our goal is for your son to come home and say **"I learned a lot today - And I had a Great Time!"**

AGES (6-13)

Youth Summer Baseball Camp

Location:

Kiwanis—Wallace Park
3300 Norbert's Way
Ellicott City, MD 21042

4 Day Session

Day 1: Throwing mechanics

Batting mechanics

Day 2: Ground ball mechanics

Fly ball mechanics

Day 3: Baserunning

Bunting

Primary positions

Day 4: Secondary positions

Pitching

For further information contact:

Casey Medairy

Website: www.CoachCOA.com

Email: casey@coachcoa.com

Business: (443) 606-4246

Cell: (443) 538-5565

Register online at:

www.CoachCOA.com/clinics/

General Information

Hours: 9:00am-3:00pm Full Day*

9:00am-12:00pm Half Day

***LUNCH IS INCLUDED WITH FULL DAY**

Ages: 6-13 years old

Cost: \$275 before 3/1/20—\$295 after (Full)

\$160 before 3/1/20—\$180 after (Half)

Deposit of \$50.00 required with application. Balance due one week prior to camp.

Equipment: players must provide glove, helmet, bat, and personal water bottle.

Dress: baseball uniform or suitable long pants attire.

Please Note: in the event of a "rain-out" of a session, Friday, July 17 will be make-up day.

Please make checks or money orders payable to:

Coach COA, LLC

Return registration with the deposit of \$50.00 to:

Coach COA, LLC

7020 Holly Springs Lane

Elkridge, MD 20175