

On Sunday, April 2nd , the Vincennes University Baseball Team will be hosting a youth camp for ages 6-13. This will be a great opportunity for children to be under the tutelage of the Trailblazer Baseball Coaching staff. We will cover all aspects of the game; hitting, pitching/ catching, and defense. This will be an all day event from 9:30am till 2:30pm in the afternoon. The camp will include a pizza party for lunch, and also a camp T-shirt. The camp will be held at our field which is located at 1562 Old Terre Haute Rd. If you are interested in attending our camp please print off the attached form below. Fill out the form and mail it back to us. If there are any questions or concerns about the camp please feel free to contact coach Vicars (contact information listed below).

Early Registration is open till Friday March 24th and cost is $55.00. After March 25th, the price is $60.00

Take 10% off for if the family sends more than one sibling. If you are sending more than 2 siblings, call Coach Vicars.

Just a quick rundown of what the camp will consist of:

9:30-9:40- Introduction of Coaches and Staff

9:40-10:00 - Vincennes University Baseball Stretching Routine

10:00-10:25 -Baserunning

10:25-10:30- Water Break

10:30-12:30- Station Work- 2xs Circuits—10 min stations

1st Circuit -Hitting- Cage (Front Toss), Soft-toss, Live BP, Wiffle Balls, Tees, and a Throwing Station

2nd Circuit - Fielding-Ground Balls, Outfield Play, Fly Balls, Relays, Rundowns, Pitching Mechanics

12:30-1:15- Pizza Party (Make sure everyone uses restroom also)

1:15-1:45- Batting Practice (Will have 3 stations on field for BP)

1:45-2:30- Games

2:30- Conclude camp and Hand out T-SHIRTS.

All players will need to bring their own equipment marked with their names on them.

COST: $55.00 (after March 24th $60.00)

Please make checks payable to:

Vincennes University Baseball

1002 North First Street PE-19

Vincennes, IN, 47591

If you have any questions or concerns please contact the coach below:

Cole Vicars

Assistant Baseball Coach

Vincennes University

Email- cvicars@vinu.edu

Cell-812-870-7481

Office-812-888-4957

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Emergency #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State \_\_\_\_\_\_ Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_ AGE \_\_\_\_\_\_\_\_\_\_\_\_

T-SHIRT SIZE (circle one) Youth S YM YL Adult S AM AL AXL

The undersigned (parent or guardian, if under 18 years of age) understands that the applicant will be engaging in physical activity during the camp which contains an inherent risk of physical injury and the undersigns releases and hold harmless Vincennes University, its officers, trustees, agents, employees, including all who are working the camp, from any and all liability whatever kind or nature, from personal injury or property damage arising out of the applicants participation in the camp. I know of no reason for my child not to participate in the camp. I hereby grant permission for my child to be treated by a licensed physician or member of the staff in the event of an injury, illness, or mishap and shall not hold liable any listed above for any consequences from such injuries or treatment. I have carefully read all the information in this form and agree to all conditions.

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Parent or guardian)