



Blessed Sacrament Huguenot Catholic School and The Dugout

Boys Baseball Camp 2015

December 28th to December 29th from 9:00 am to 2:00 pm
Location: 2501 Academy Road, Powhatan, VA 23139
For Players in Grades 4th to 8th

Instructors

- **Sam Beale:** UVA Player Graduate and 12 Year UVA Pitching Coach
- **Joe Bennie:** Oakland A's Minor League Player
- **James Poore:** 16 Year Head Coach at Blessed Sacrament Huguenot, Legion Coach, and Hampden Sydney Player Graduate
- **Thomas Stallings:** VMI Associate Baseball Coach, VMI Player Graduate, and 2015 Louisville Slugger National Player of the Week

Baseball Camp Led by Coach Sam Beale

POWER HITTING, PITCHING, AND FIELDING



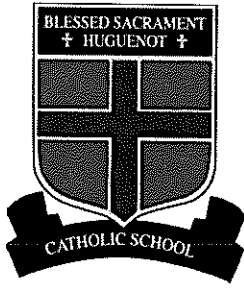
A great way for players to create more power in their swing and greater consistency in fielding and throwing.

Camp Fee \$150.00

Bring all your baseball gear, tennis/running shoes, and a lunch.

To register, please call The Dugout at (434) 985-9800 or Coach Poore at (804) 598-4211.





Blessed Sacrament Huguenot Catholic School
2501 Academy Road
Powhatan, VA 23139
(804) 598-4211

Baseball Camp Registration Form

Student's Name _____
(First) (Middle) (Last) (Preferred Name)

Home Address _____
(Street) (City) (State) (Zip)

Current Grade _____ Current School _____ Gender M _____ F _____

Date of Birth _____ Current Age _____ Ethnicity _____

Father's Name _____ Email _____

Home Address _____

Home Phone _____ Work Phone _____ Cell Phone _____

Mother's Name _____ Email _____

Home Address _____

Home Phone _____ Work Phone _____ Cell Phone _____

Emergency Contact Name _____ Phone Number _____

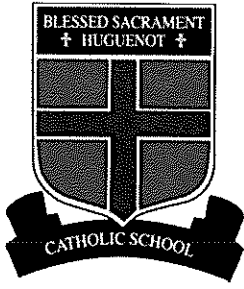
Emergency Contact Name _____ Phone Number _____

Parent/Guardian Signature

Date

Please return this form along with the non-refundable \$150.00 registration fee to:

James Poore, Head Varsity Baseball Coach
Blessed Sacrament Huguenot Catholic School
2501 Academy Road
Powhatan, VA 23139
(804) 598-4211



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Athletic Workout Waiver/Release Form

Student's Name _____

Home Address _____

Date of Birth _____ Current Age _____ Gender M _____ F _____

Insurance Company _____ Policy Number _____

Does your child have any allergies? _____ YES _____ NO
If yes, please list them.

Does your child have a medical condition which requires specific needs? _____ YES _____ NO
If yes, please list or attach any necessary information.

If I cannot be reached in the event of an accidental injury of my child, I give the Supervisor, being defined as the individual in charge of activities on any given date, permission to have First Aid and/or Treatment started at the nearest medical facility.

Parent/Guardian Signature

Date

I hereby give permission for my child's participation in the Blessed Sacrament Huguenot Athletic Workout Sessions and/or Sports Clinics, and all related activities. I assume all risks and hazards inherent and incidental to the conduct of those activities. I also hereby release, absolve, indemnify, and waive all claims and hold harmless Blessed Sacrament Huguenot Catholic School, BSH Athletics, the coaches, organizers, supervisors, employees, volunteers, sponsors, and any facility providers. I also release from responsibility any person transporting my child to or from the nearest medical facility in case of injury. All above holds true as long as my child participates in any Blessed Sacrament Huguenot Catholic School sponsored program or related activity. I also understand that the participant is only allowed to join in on workouts or clinics at a scheduled time and with a coach or member of the BSH faculty or staff present.

Parent/Guardian Signature

Date

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