

WORCESTER BRAVEHEARTS BASEBALL CLUB



Worcester Bravehearts 2019 Baseball Camps

The week-long camps will be led by Bravehearts coaches and players. On Monday-Thursday from 9am - 2pm, campers will be divided into different age groups and will focus on practicing baseball fundamentals (throwing, fielding, hitting, base running and the importance of being a good teammate). On Friday of each week, campers will have a chance to play a one hour game on the field at Hanover Insurance Park, complete with their names announced over the PA system. Campers will be under constant supervision, and a nurse will be present at all times. Lunch will be provided at the ballpark each day (campers may also bring their own lunch, please inform us in advance of any food allergies).

Time: 9:00-2:00 PM (extended unstructured supervision begins at 7:45) **Check-in Begins:** 7:45 AM **Ages:** 6-12

Location: Hanover Insurance Park at Fitton Field – 1 College Street, Worcester, MA

Dates: July 15-19 & July 22-26 **Camper Fee:** \$300 before June 1st / \$560 for both weeks if booked by 6/1

Is your town's youth baseball or softball league part of our Junior Bravehearts Program? Ask us about how you can get the \$275 early bird rate regardless of when you register.

Reminders

- Checks payable to: Worcester Bravehearts. Fees are non-refundable and non-transferable. Call our offices or visit the "Camps" page at worcesterbravehearts.com for a secure credit card ordering form.
- Return registration form to Worcester Bravehearts, 39 Jolma Road, Worcester, MA 01604 (located inside of Creedon & Co.)
- All necessary information needs to be included in the registration form for it to be accepted.
- Registration is first-come and first-served. All programs have limited space.
- All participants will receive a Worcester Bravehearts shirt, hat, two (2) free tickets to a future Worcester Bravehearts home game, and the opportunity to be announced and take the field with the team at a Bravehearts game.
- Please attach recent completed physical form signed by Physician or use medical forms attached.

Please Print Required Information Below

Child's Full Name: _____ DOB: _____ Age at Camp: _____

Address: _____ Town: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ E-mail: _____

Emergency Contact: _____ Emergency Phone: _____

Allergies or Medical concerns: _____ T-SHIRT SIZE: _____

Special Requests (Ex. Pair child with a friend.) _____

Week: July 15-19 July 22-26 Both Weeks **Total Enclosed:** _____

Fee: \$300 per camper per week before 6/1, \$560 per camper for both weeks before 6/1

Waiver: Participant or parent hereby states that he or she understands the physical nature of the activity as well as any risk involved and agrees to release, discharge and hold harmless Green Diamond, LLC d/b/a Worcester Bravehearts; Creedon and Co., Inc.; the Futures Collegiate Baseball League of New England, Inc.; and the College of the Holy Cross including all of their employees and agents from any and all actions, claims, damages, and/or injuries that might occur during this activity, and further that the participant is accustomed to such activity or has consulted a physician as to the advisability of participation. Parent and participant hereby consent to medical treatment in the event of illness or injury (participant or child). Please list any medical/allergies/special needs that the staff should be aware of to make your participation a success. There will be a medical professional on duty for the entire duration of the camp. The team and/or press will take pictures & video on occasion of participants for marketing and media purposes. If you do not want your child photographed, let us know. I understand the rules/policies stated above and agree to follow them accordingly. I understand there are no refunds. If a participant does not follow the rules or guidelines when registering then he/she will not be allowed to participate. Camps are rain or shine.

Parent/Guardian Signature: _____ Date: _____

39 JOLMA ROAD • WORCESTER, MA 01604
p: 508.438.3773 • f:508.799.2071 • worcesterbaseball.com

Office use only:

Amount: _____ Payment: _____