

# WORCESTER BRAVEHEARTS BASEBALL CLUB



## Worcester Bravehearts 2020 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:** Pioneer Field – Saint John’s High School – 410 Main Street, Shrewsbury, MA

**Dates:** July 13-17 & July 27-31 **Camper Fee:** \$300 / \$510 for both weeks

### Reminders

- Checks payable to: Worcester Bravehearts. Fees are non-refundable and non-transferable. Call our offices or visit the “Camps” page at [worcesterbravehearts.com](http://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 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 13-17  July 27-31  Both Weeks **Total Enclosed:** \_\_\_\_\_  
**Fee:** \$300 per camper per week, \$510 per camper for both weeks

**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 Saint John’s High School 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:** \_\_\_\_\_

**Office use only:**

Amount: \_\_\_\_\_ Payment: \_\_\_\_\_