



Woodstock River Bandits Baseball Camp

The Woodstock River Bandits Baseball Camp is designed to teach students skills, fundamentals, and knowledge of the game of baseball. Individual and team drills will be incorporated in daily activities as well as game competition. We will emphasize a positive learning environment in which each camper can improve his or her skills.

Camp Details

Date: July 12-16, 2010

Time: 9:00 am until noon

Ages: 7 to 17 (must have high school eligibility left)

Location: Central High School Baseball Complex

Cost: \$50 (\$30 non-refundable deposit required) ** Free t-shirt to all campers**

Instruction: Basic fundamentals of fielding, hitting, base running, pitching and catching

Director: Donn Foltz, River Bandits Manager

Staff: Donn Foltz, Manager; John Cardamone, Coach; Taylor Dufrene, Coach, and Woodstock River Bandit players

Items to bring: Glove or mitt, baseball shoes, favorite bat, batting gloves, hat, practice pants and t-shirt. ** Note: Please write camper's name on all items. The Woodstock River Bandits are not responsible for loss or damage to camper's belongings.

Separate Age Groups: Participants will generally play in their own age group or grade level. However, we reserve the right to move a camper up in the age groups depending on their skills and abilities.

Parent participation: Parents are encouraged to attend the camps. The staff will gladly add, or review with you and teaching ideas we work on throughout the week.

****Parents, on behalf of their children, accept the risk of injury at this camp****

For more information, contact Donn Foltz (540)975-1775.

Call (540)459-8801 for information on individual lessons with River Bandit's coaches.

Please complete and mail the attached registration form (with \$30 deposit or full payment) to:

**Donn Foltz
PO Box 227
Woodstock, VA 22664**



Woodstock River Bandits Baseball Camp

Registration Form

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Age: _____ School: _____

Team: _____

Primary Position: _____ Secondary Position: _____

Bat: (Circle one) Left Right Throw: (Circle one) Left Right

Shirt Size: _____ Adult _____ Child

Family Information

Father's Name: _____ Work Phone: _____

Mother's Name: _____ Work Phone: _____

Legal Guardian (if applicable): _____ Work Phone: _____

Home Phone Number: _____

Emergency Contact (Required): _____ Work Phone: _____

Relationship to Child: _____

Name of Doctor: _____ Phone Number: _____

Medical Insurance Carrier: _____ Policy Number: _____

I hereby authorize and consent to the administration of all medical and/or surgical treatment(s) to my child by a licensed physician or hospital in the event I am not available to consult with the attending physician(s), attempts to contact me have been unsuccessful, and the attending physician(s) deem it necessary to proceed with such treatment(s). I release the Woodstock River Bandits organization and their employees from any cause of action and any nature whatsoever arising from my child's participation in any and all activities associated with the Woodstock River Bandits Baseball Camps.

Signature of Parent or Legal Guardian: _____ Date: _____

Please mail this registration form (with \$30 deposit or full payment) to:

**Donn Foltz
PO Box 227
Woodstock, VA 22664**