



# Potomac State Baseball Summer Camp 2013

July 15-July 18, 2013 (Monday-Thursday) (Ages 6-13)

**Where:** Potomac State College- at Golden Park  
**Time:** From 9:30 a.m.-12:00 p.m. each day > Registration on Monday July 15 begins at 9:00 a.m.  
**Directors:** Head Coach: Doug Little, Assistant Coaches: Don Schafer, Brock Stevens

**Camp Highlights:** This camp will stress the FUNdamentals of the game of baseball. This includes all aspects of infield/outfield defense, hitting, pitching, catching, and base running. Each camper will receive individual instruction in all facets of the game.  
**All campers will receive a free 2013 Potomac State Baseball Camp shirt!**

**Cost:** \$65.00 (Make checks payable to: Potomac State Baseball)

**Note:** Campers will be divided by age and skill level. All campers should bring baseball gloves, bats, batting gloves, baseball shoes, tennis shoes for indoor use (in case of inclement weather), caps, catcher's equipment (for catchers) and uniform pants or clothes suitable for play. A water bottle and sunscreen are highly recommended.

**For further information, contact:** Doug Little (304) 788-6878 [DALittle@mail.wvu.edu](mailto:DALittle@mail.wvu.edu)  
Don Schafer (304) 788-6851 [DJSchafer@mail.wvu.edu](mailto:DJSchafer@mail.wvu.edu)  
[www.potomacstatecollege.edu/athletics/mbaseball](http://www.potomacstatecollege.edu/athletics/mbaseball)



## 2013 POTOMAC STATE BASEBALL SUMMER CAMP REGISTRATION FORM



Name: \_\_\_\_\_ Age: \_\_\_\_\_

Home Address: \_\_\_\_\_ Date of birth: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

School attending: \_\_\_\_\_ Grade in school: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Primary Position \_\_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_\_ Emergency Contact: \_\_\_\_\_

Have you ever attended a Potomac State Baseball Camp? Yes \_\_\_\_\_ No \_\_\_\_\_

**Adult T-Shirt Size (Circle One):**    **XXL**    **XL**    **L**    **M**    **S**

I certify that my child is medically qualified to attend baseball camp. I hereby authorize the directors of the Potomac State Baseball Camp to act for me in accordance with their best judgment in an emergency situation requiring medical attention. I hereby waive and release the Potomac State Baseball Camp, its employees and staff from all liability for injury and illness incurred while my child is at camp.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Family Insurance Company

\_\_\_\_\_  
Policy Number

PLEASE RETURN THIS FORM AND PAYMENT TO: Potomac State College, Attn: Baseball Office, 101 Fort Avenue, Keyser, WV 26726