



HUSKIES

Winter High School Baseball Camp

Sunday, February 18, 2018

10:30 a.m. to 3:30 p.m.

Nelson Field House at Bloomsburg University

About the Camp

This one day program is designed for high school baseball players who wish to continue their athletic careers at the collegiate level. The main purpose of this camp is skill development and evaluation. Every aspect of baseball will be covered by the Bloomsburg Coaching Staff. The camp will feature small group instruction, lectures, demonstrations, and drills. This is also an opportunity for high school players learn about college athletics. At the conclusion of the camp an NCAA rules and recruiting education session will be conducted by the Bloomsburg Coaching staff.

Staff/Administration

Mike Collins – Camp Director, Head Coach at Bloomsburg University.

Rob Hardy- Bloomsburg University Assistant Coach and recruiting coordinator

Fees

\$85.00 – Make Checks payable to CGA/Husky Fund.

Lunch is not included.

Tentative Schedule:

10:30 a.m.	Registration
10:45 a.m.	Stretch / Group Instruction
11:15 a.m.	Evaluation session
12:10 p.m.	Break
12:40 p.m.	Offensive stations/Pitchers bullpens
2:30 p.m.	Lecture: “Thoughts on the Recruiting Process”
3:00 p.m.	Coaches will be available to meet

For additional information please call the Bloomsburg University Baseball Office at (570) 389-4375

Camp Application

**Full payment should be mailed to:
Baseball Office, Nelson Field House 220, Bloomsburg University, Bloomsburg, PA 17815**

Name _____

Grad Year _____ Pos. _____

Cell Phone _____

Email _____

Must Be Completed By Parent/Guardian

Medical Insurance Information

Company

Name _____

Policy

No. _____

I approve my child’s attendance at the BU Baseball Winter Camp and certify that he is in good health. If medical attention is required for illness or injury during camp, I grant my permission for such care to be rendered. I hereby recognize and understand that the University, the camp director and/or coaching staff are not responsible for any injury of any kind that may occur on the way to, during or on the way home from any camp session sponsored by the Bloomsburg University of Pennsylvania.

Authorization For Emergency Service

A.) I do hereby voluntarily consent to examination and emergency service treatment including the administration of such drugs, infusion and transfusion of blood or blood components deemed necessary in the judgement of the physician(s) (and whomever may be delegated as assistants) of the medical staff of The Bloomsburg Hospital.

B.) I certify that I have read and fully understand the consent given herein. I also certify that no guarantee or assurance has been made as to the results that may be obtained. The undersigned intends to be legally bound hereby.

Note any limitation on the foregoing

or if none, so indicate

Authorized Signature

