

A Typical Camp Day Includes:

- Stations
- Drill work
- Games/Contests



Stations Include:

- Bunting/Catching
- Pitching Mechanics
- Hitting Instruction
- Infield/Outfield



This is a highly instructional camp designed to teach fundamentals and technique while building confidence.

Camp Director: Austin Flores

- 8 years baseball camp experience
- 7 years coaching experience
- BVHS Head Baseball Coach
- Former Bishop Verot player (2008)
- D1 Baseball player-Nicholls St.
- D1 baseball coach (3 yrs) 2013-16
- Staff includes BVHS Players and Coaches

We will teach the importance of hard work, enhance confidence and sportsmanship, and give positive reinforcement throughout the week.

FOR MORE INFORMATION

Contact Head Coach

Austin Flores:

austin.flores@bvhs.org



**Bishop Verot
Summer Baseball
Camp
2018**



Site: Bishop Verot
High School Baseball
Field

Dates:

Ages 12-14: June 4th-7th

Ages 6-11: June 11th-14th

Cost: \$110.00 pre-
registered
\$125.00 - walk up
registration

BVHS Summer Baseball Camp Application

Please return this Camp Application with Camp Fee (*) (check made out) to:

BVHS Baseball Camp

BISHOP VEROT HIGH SCHOOL

5598 Sunrise Drive, Fort Myers, FL 33919

(*) Fee: \$110 per person (individual) - \$100 per person (multiple siblings)

(All registration fees are non-refundable once camp begins)

***** Walk up or day of registration cost is \$125*****

Circle camp attending:	Ages 12-14 (June 4th-7th)	Ages 6-11 (June 11-14)
	8:00-12:00	8:00-12:00

NAME _____ **SCHOOL** _____ **GRADE (FALL 2018)** _____

ADDRESS (WITH ZIP) _____

AGE: _____ **E-MAIL ADDRESS:** _____

T-SHIRT SIZE (circle one) note: shirts run small: YS/ YM/ YL/ YXL/ AS/ AM/ AL/ AXL/ AXXL

MEDICAL CONDITIONS: _____

Emergency Contact Name/Relationship/Phone #'s (please list more than one): _____

PARENTAL PERMISSION WAIVER:

I hereby authorize the agents of the BVHS Baseball Camp to act in my behalf using their best judgment in any emergency, including medical emergency. I hereby waive and release the camp, its employees, directors, sponsors, suppliers, and facilities from any and all liability for illness and injury incurred while attending camp. I know of no mental or physical problems that might adversely affect my child's ability to participate in this camp. I have read the BVHS Baseball Camp brochure and agree to its terms and conditions.

PARENT/GUARDIAN PRINT: _____

PARENT/GUARDIAN SIGNATURE: _____ **DATE:** _____

(Example of) DAILY CAMP SCHEDULE:

8:00-8:15 Preview/Review	10:00-10:30 Mid Morning Break
8:15-8:45 Warm-Up/Stretch/Water break	10:30-11:00 Positional Work
8:50- 9:10 Throwing Progression	11:00-11:15 Base Running
9:10-9:25 Individual/Group Competition	11:15-11:45 Games
9:25-10:00 Batting Practice	11:50-12:00 Review/Dismissal

Cash _____ **Check #** _____ **TOTAL AMOUNT** _____

CAMP OBJECTIVES:

The BVHS Baseball Camp is geared to improve each camper's overall baseball skills. Additionally, to teach all the fundamentals of position play in baseball; with much emphasis on the proper mechanics of throwing, fielding, hitting, and base running.

CAMP FACILITIES:

Baseball camp will be conducted on the Bishop Verot Baseball fields. Additional grass practice fields will be used as necessary.

CAMP PARTICIPANT

ESSENTIALS:

T-shirt, baseball pants, socks, cleats, sunscreen, drinks.

BASEBALL CAMP STAFF:

The camp consists of BVHS baseball staff, with the assistance of current and former players.

