

# 2024

# COMPLETE PLAYER



## Baseball Clinic

**June 24th – June 27th**

Rain Date June 28<sup>th</sup>

**9:00am – 12:30pm**

**Grades 2 – 8**

**At**

**Palmer Park**

**Bartley Rd. Long Valley**

**For More Information**

**Call**

**Jim McDermott**

**908-310-1302**

**June 24th – June 27<sup>rd</sup> \$185.00**

Call for Family Rates

**Program Instruction**

|              |          |
|--------------|----------|
| Base Running | Pitching |
| Hitting      | Fielding |
| Infield      | Outfield |

Players will be grouped according to grade and ability level. Skills will be taught based on each group's ability level.

**Daily Schedule**

|          |                                    |
|----------|------------------------------------|
| 8:45 am  | Drop off (in Parking Lot)          |
| 9:00 am  | Attendance                         |
| 9:10 am  | Go to Fields                       |
| 9:20 am  | Stretch & Throw                    |
| 9:30 am  | Teach 1 <sup>st</sup> Skill of Day |
| 9:50 am  | Teach 2 <sup>nd</sup> Skill of Day |
| 10:10 am | Group I – Drill Station Work       |
|          | Group II – Batting Practice        |
| 10:40 am | Group I – Batting Practice         |
|          | Group II – Drill Station Work      |
| 11:05    | Snack                              |
| 11:15 am | Play Game                          |
| 12:10 pm | Review skills of the day           |
| 12:30 pm | Camper Pick-up                     |

**Campers need to bring:**

Hand Sanitizer  
 Snack and something to drink  
 Spikes & Sneakers  
 Baseball Pants / Sweatpants  
 Bat, Glove & Helmet  
 Protective cup

**PLEASE PUT NAME ON ALL BELONGINGS**

**June 24th – June 27th \$185.00**

A non-refundable \$75.00 fee is included with each application.

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

**Grade as of June 2024:** \_\_\_\_\_

Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone (cell): \_\_\_\_\_

**Make Checks Payable To:**

## Washington Twp. Recreation

**Mail To:**

Washington Twp Recreation  
 Attn: Darlene Hatcher  
 50 Rock Rd.  
 Long Valley, NJ 07853

Any Questions Please Call  
908-310-1302

Please fill out **BOTH SIDES** and return it with your payment by June 17th

Family Physician and Phone Number:

\_\_\_\_\_

I have medical insurance with:

\_\_\_\_\_

Policy # \_\_\_\_\_

If the participant has individualized needs due to a disability, please check the following and someone will contact you regarding reasonable accommodations.

Yes, I will need to be notified regarding special considerations for my child.

List any special medical conditions camp personnel should be aware of:

\_\_\_\_\_

List the names and phone numbers of persons we may be contacted during the day in the event of an injury requiring emergency medical treatment:

| Name | Phone# |
|------|--------|
|------|--------|

\_\_\_\_\_

\_\_\_\_\_

I HEREBY CERTIFY THAT MY CHILD IS IN GOOD PHYSICAL HEALTH AND MAY PARTICIPATE IN ALL CAMP ACTIVITIES. I WILL NOT HOLD THE CAMP OR CAMP PERSONNEL RESPONSIBLE IN THE EVENT OF AN ACCIDENT/INJURY AS A RESULT OF MY CHILD'S PARTICIPATION IN THE CAMP. I ALSO GIVE PERMISSION FOR MY CHILD TO BE GIVEN EMERGENCY TREATMENT AT A LOCAL HOSPITAL

\_\_\_\_\_

Parent or Guardian Signature

\_\_\_\_\_

Name of Parent or Guardian (Please Print)

### Scheduled Camp Personnel:

**Jim McDermott:** Assistant Coach at  
West Morris High School  
Former Head Coach at  
Mt Olive High School,  
FDU-Madison & NJIT  
Asst at Seton Hall University

**Ryan Miller:** Asst. Coach at Mendham High School

**Tom Reindel:** Head Baseball Coach  
West Morris High School

### **Plus other Coaches / Players**