

INSTRUCTIONAL GOALS:

The Anderson University Baseball Camp is designed to teach the fundamentals of baseball to various age levels through individual and group instruction plus game experience. The camp will include instruction of pitching, catching, infield play, outfield play, hitting, bunting and base running.

Camper/Instructor Ratio is 8:1.

EQUIPMENT:

Campers should bring proper footwear, glove and bat. Batting gloves are recommended. Catchers should bring shin guards, chest protectors and mask.

STAFF:

All camp activities will be under the direction and supervision of the Anderson University baseball staff. Staff members assisting in the camp program will be capable instructors and coaches.

COST:

\$110.00 per camp session. A non-refundable fee of \$55.00 must accompany the application. The balance is due upon arrival at camp. Camp is limited to 40 individuals. Instructions on what to bring, directions, etc., will be mailed upon your acceptance.

INSURANCE:

Each camper is covered by a Primary Accidental/Medical Policy with zero deductible. An insured camper will be covered while attending camp including travel while attending camp; or participating in any regularly scheduled and supervised camp activities.

ANDERSON UNIVERSITY BASEBALL CAMP
JOE MILLER, Baseball Coach & Camp Director
316 Boulevard
Anderson, South Carolina 29621



Summer 2009 BASEBALL CAMP



Camp Director: JOE MILLER

SESSION I - June 8 - 12
for ages 6-10

SESSION II - June 15-19
for ages 7-12

SESSION III - June 22-26
for ages 10-14

ALL SESSIONS ARE
FROM 9:00 AM - 12:30 P.M.

ANDERSON MEMORIAL STADIUM
ANDERSON, SOUTH CAROLINA

CAMP DETAILS

Baseball Camp will be held at Anderson Memorial Stadium off Shockley Ferry Rd.

SESSION I (June 8-12)

SESSION II (June 15-19)

SESSION III (June 22-26)

All sessions will be held from 9 a.m. to 12:30 p.m.

No lunch will be provided.

**TO REGISTER
RETURN APPLICATION FORM
TO:**

**JOE MILLER,
Anderson University Baseball Camp
316 Boulevard
Anderson, SC 29621**



For more information call:
Anderson University Athletic Office
Becky Farmer, Administrative Assistant
(864) 231-2029

or
JOE MILLER, Camp Director
(864) 231-2013
(864) 958-1059

Summer Camp information is also available at: autrojans.com



REGISTRATION FORM 2009 ANDERSON UNIVERSITY BASEBALL CAMP

(Please fill in ALL sections. Type or print in ink only. This form may be duplicated for additional applications.)

1 APPLICATION FORM

Applicant's last name _____ First name _____ Middle initial _____ Age _____ Birthday _____ Home Phone _____

Home address (number and street or box no.) _____ (city) _____ (state) _____ (zip code) _____

Mother's last name _____ First name _____ (Business phone) _____ (Cell phone) _____

Father's name _____ First name _____ (Business phone) _____ (Cell phone) _____

Applicant's shirt sizes: Circle one: MEN S M L XL XXL Applicant's grade next fall: _____

The session of camp that I want to attend is: CHECK ONE
 JUNE 8-12 SESSION 1 \$110.00
 JUNE 15-19 SESSION 2 \$110.00
 JUNE 22-26 SESSION 3 \$110.00

Enclosed is a check for \$ _____ payable to Anderson University Baseball Camp, to cover the registration fee.

2 EMERGENCY HEALTH FORM

Applicant's last name _____ First name _____ Middle initial _____ Home Phone _____

School and City _____ State _____ Father's business phone _____ Mother's business phone _____

Physical conditions that we should be aware of (allergies, recurring illnesses, disabilities, chronic illnesses, etc.): _____

Date of most recent tetanus immunization: _____

My family's physician is Dr. _____ Phone: _____

The following consent should be signed by the parent/guardian. The law requires that parent permission be obtained for operative procedures on minors. We need this form completed so we may perform such procedures without unnecessary delays. However, no operation will be performed, without parents being contacted and fully informed.

I also understand that the Anderson University Baseball Camp is not responsible for a pre-existing injury or reoccurrence of any undisclosed pre-existing injury or illness of the above camper prior to the first day of camp, and the Anderson University Baseball Camp will assume responsibility only for injuries or illness incurred while the above camper is participating in camp activities under supervising enrolled camping period.

Printed full name of parent/guardian _____

Signature of parent/guardian _____