



REDDIE TO PLAY BASEBALL CAMPS



AT HENDERSON STATE UNIVERSITY

FOR CAMPERS AGES 6-14 (Fall 2008)
MORE INFORMATION CALL: 870-230-5071 or
E-Mail Coach John Harvey at: harveyj@hsu.edu

HITTING/PITCHING CAMP • \$75

JUNE 9-10 from 9 a.m. - 4 p.m. (LUNCH PROVIDED)

PITCHING & HITTING CAMP

- Pitchers will learn proper throwing techniques, how to improve velocity.
- Pitcher will learn how to develop off-speed pitches.
- Also there will be instruction on proper arm care.
- Extensive offensive instruction on hitting, bunting, and base running.
- Instructional tips on hitting.
- Batting Practice.
- Instructional Games, Home run derby

REDDIE ALL SKILLS CAMPS • \$75

JUNE 23-26 From 8:30 a.m. - Noon (Camp Includes Free T-Shirt)

- Offensive instruction on hitting, bunting, and base running.
- Learn proper techniques of hitting and several hitting skills.
- Defensive work on primary and secondary positions.
- Campers will work on proper arm movement of throwing a baseball
- Instructional games played each day.

GENERAL INFORMATION

- Both Camps will take place at Clyde Berry Field
- In Case of Rain, Camps will move to the Wells Auxiliary Gym
- **\$10 late fee to pay day of camp.**
- Bring Athletic clothing, glove, hat, bat (optional) and swimsuit.

RETURN FORM TO:

Henderson State University Baseball
Attn: John Harvey
HSU Box 7630
Arkadelphia, Ark. 71999

MAKE CHECK PAYABLE TO HSU BASEBALL



REGISTRATION

<input type="checkbox"/> Hitting & Pitching Camp	June 9-10	\$75
<input type="checkbox"/> All Skills Camp	June 23-26	\$75
<input type="checkbox"/> Both Camps (\$20 discount)		\$130

NAME: _____

DATE OF BIRTH: _____ AGE _____

ADDRESS: _____

CITY/STATE/ZIP _____

PHONE: _____

E-MAIL: _____

PARENT'S NAME _____

SHIRT SIZE (if applicable): _____

ASSUMPTION OF RISK AGREEMENT FORM

I, the undersigned parent / legal guardian of _____, authorize said child's participation in Henderson State University's 2008 Baseball Camp. In and for consideration of my child's participation in the Henderson State 2008 Baseball Camp, I hereby agree that I will not hold John Harvey, his Staff, the Athletic Department, Henderson State University or its employees responsible for any loss, damages, or personal injuries that he may receive as a result of participation. This waiver of liability expressly includes camp activities, or while in, on or upon the premises whereby the activity is being conducted and transportation to and from, or in connection with, said camp. I also agree to follow all instructions and procedures in order to maintain a maximum level of safety. I also understand that a medical insurance policy carried by the Henderson State 2008 Baseball Camp will provide only minimum coverage and that I should make sure my child is covered in the event of a serious accident. I also give my permission for any emergency medical care or treatment by a physician, surgeon, hospital or medical care facility that may be required, and accept the responsibility for the cost.

Parent Signature _____

Camper Signature _____

Date _____