

2023 Livingston County Baseball Camp

Camp Philosophy:

This camp is designed for athletes who sincerely wish to learn and take their skills to another level. The camp staff believes in teaching the fundamentals of the game along with teaching the mental approach to baseball/softball. Our camp staff wants this camp to help your son/daughter get the most out of their abilities. Players will be exposed to topics such as hitting, pitching, catching/throwing, defensive play, as well as improving strength and speed.

Dates:

Monday June 26 – Thursday June 29

Time:

Session I (Baseball): 9 AM – 11AM: For boys entering grades 1-8 in September 2023

Location: Bowen Park, Main St. Livonia

Check out our website: www.livbaseball.com

Camp Staff:

Dave Stewart, Wayland-Cohocton Varsity Softball Coach

Rob VanScoter, Former Dansville HS Varsity Baseball Coach/Dansville Varsity Softball Coach

Bob Stewart, Former Honeoye Baseball Coach, Travel Baseball Coach

Corey Greene – Livonia Varsity Baseball Coach

Jon O’Keefe – Travel Baseball Coach, Livonia Softball Coach

Jonah Martin, Mike Young, Connor Benitez, Alex Benitez,, and Alex Minnehan - Current coaches and players

Cost: \$85 per player

Please make check payable to "Bob Stewart" and return with player information slip below. Send money and form to:

Bob Stewart

6342 Railroad Ave

Conesus, NY 14435

Registration/Payment Due: June 19, 2023

Questions: (585) 465-0933

Players Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Emergency Phone: _____

E-mail: _____

Grade to enter in Fall 2023: _____ Age: _____ T-Shirt Size: Y _____ or A _____

Parent or Guardian Consent:

In Consideration for allowing my son/daughter to participate in the "2023 Baseball/Softball Camp", I, as his/her parent/guardian, affirm to the Camp Staff that: I understand that participating in athletics and other camp activities involves a risk of injury or other harm.

-I will not hold the camp staff, its employees and agents, or the Village of Livonia responsible for any injury or other harm that results from participation in the camp. My son/daughter is in good health and has no physical condition that would prevent him/her from participating in the camp.

Parents Printed name: _____

Signature: _____ Date: _____

****This program is not a Livonia Central School District program. Procedures, supervision and insurance for children participating in this event are the responsibility of our organization and of the parents. The distribution of this flier by LCS is for informational purposes and in no way should it be considered that the school district endorses our program and program philosophy. Finally, we recognize that the Livonia Central School District reserves the right to withhold distribution of these materials.**

LIVINGSTON COUNTY BASEBALL and SOFTBALL CAMP

FOR PARTICIPANTS OF MINORITY AGE (UNDER AGE 18 AT THE TIME OF REGISTRATION)

This is to certify that I, as parent/guardian, with legal responsibility for this participant, have read and explained the provisions in this waiver/release to my child/ward including the risks of presence and participation and his/her personal responsibilities for adhering to the rules and regulations for protection against communicable diseases. Furthermore, my child/ward understands and accepts these risks and responsibilities. I for myself, my spouse, and child/ward do consent and agree to his/her release provided above for all the Releasees and myself, my spouse, and child/ward do release and agree to indemnify and hold harmless the Releasees for any and all liabilities incident to my minor child's/ward's presence or participation in these activities as provided above, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent provided by law.

Name of participant: _____

Name of parent/guardian: _____

Parent guardian/signature: _____

Date signed: _____