



*Next Level Baseball Summer Camp
August 7th - August 10th 2006
www.nextlevelbaseballcamps.com*

***“Helping you take your game to the Next Level”**
Next Level Baseball continues to remain committed to providing the highest level of coaching, utilizing Division I and professional level coaches. Our camp allows you to keep your skills sharp and ahead of your competition. Don't wait to take your game to the Next Level !*

Camp Details:

This is our 4th annual summer camp at St. Mary's College and we are expecting another [awesome turnout](#) of both players and coaches. Participants will work on all facets of their game. The morning sessions will be devoted to skill work, organized in stations. The afternoon sessions are devoted to game situations with players divided up by skill. Additional time will be allotted for specialized training based on participant interest and desired position. Healthy lunches and T-shirts will be provided for all participants. At the completion of the camp several awards will be handed out. Interested players must fill out and return application (back of flyer). Space is limited, and acceptance is on a first-come first-serve basis.

Summer Session:

Dates: Monday, August 7th through Thursday, August 10th

Time: 9:00 AM - 3:00 PM

Ages: 8 – 13 (Please contact Next Level Baseball for special exception)

Location: [St. Mary's College](#)
[Guisto Baseball Field](#)
1928 Saint Mary's Road
Moraga, CA, 94556

Contact: Brian J. Vesce
President
415.203.2931
brian@nextlevelbaseballcamps.com
www.nextlevelbaseballcamps.com

Summer Camp Training Staff:

Next Level Baseball's hand picked staff consists of Division I coaches and former professional players to provide the highest level of instruction. Next Level understands the importance of quality coaching so we require that all of our coaches have the minimum of division I level baseball experience. We require this of our team to ensure our ability to provide leadership and direction to take our student's game to the next level. Go to www.nextlevelbaseballcamps.com/staff.shtml for biographies on all of our coaches.



Next Level Baseball Camp, Inc. Application Form
Summer Camp 2006 – August 7th – 10th
www.nextlevelbaseballcamps.com

Name of Player: _____

Buddy's Name: _____
(For Camp III Buddy Program)

Address: _____ City: _____

State: _____ Zip: _____

Home Phone: _____ Email: _____

Father's name: _____ Cell Phone: _____

Mother's name: _____ Cell Phone: _____

Birthday: _____ Age During Camp: _____

How did you hear about us?: _____

Defensive Position: Catcher, Pitcher, SS, 1B, 2B, 3B, OF
(check all that apply)

T-shirt Size:

Please check one box:

Youth Size:	<input type="checkbox"/> Small	<input type="checkbox"/> Medium	<input type="checkbox"/> Large	<input type="checkbox"/> X - Large
Adult Size:	<input type="checkbox"/> Small	<input type="checkbox"/> Medium	<input type="checkbox"/> Large	<input type="checkbox"/> X - Large

Please check one box:

August 7 th – 10 th	August 7 th – 10 th	August 7 th – 10 th
<input type="checkbox"/> Camp I	Camp II – Extra Training (Late pick-up 5pm)	Camp III – Buddy Program
<input type="checkbox"/> Day Camp (\$350.00)	<input type="checkbox"/> Day camp (\$400.00)	<input type="checkbox"/> Day camp/ *Buddy Deal (\$315.00)
	* Two extra hours spent working on drills. Excellent player to coach ratio.	*Get a price reduction for signing up a friend!

- **Buddy's name must be written on application to receive discount & they must fill out separate application.**
- **One buddy per applicant at \$315.00 each.**
- **Camp plan II (Extra Training) can not be combined with Buddy Program III**

Checks Payable:

Print and mail this form and the medical release (below) with a check payable to:

Next Level Baseball Camps, Inc.
1798 Beach St.
San Francisco, CA, 94123

Condition of Application:

Legal Guardian must read and sign below:

I hereby authorize the Next Level Baseball Camp Inc. staff to act on my behalf, according to their best judgment in any medical emergency and I hereby waive and release said persons from any liability or illness incurred while attending camp.

Name of Parent or Guardian (please print clearly): _____

Signature of Parent or Guardian: _____ **Date:** _____



MEDICAL RELEASE FORM

Name of Player:	
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As the parent/legal guardian of:

I request that in my absence the above-named player be admitted to any hospital or medical facility for diagnosis and treatment. I request and authorize physicians, dentists, and staff, duly licensed as Doctors of Medicine or Doctors of Dentistry or other such licensed technicians or nurses, to perform any diagnostic procedures, treatment procedures, operative procedures and x-ray treatment of the above minor. I have not been given a guarantee as to the results of examination or treatment. I authorize the hospital or medical facility to dispose of any specimen or tissue taken from the above-named player.

Date of players birth:		Date of last Tetanus Booster:	
Know allergies of this player, including any allergies to medicine:			
Any other medical problems which should be noted:			

Family Physician:		Phone:	()
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Parent/Guardian:			
Street Address:			
City:		State:	Zip:
Home Phone #:	()	Cell #:	()

Person responsible for charges: (if different from above)			
Street Address:			
City:		State:	Zip:
Home Phone #:	()	Cell #:	()

Person to notify if parent/guardian is unavailable:			
Street Address:			
City:		State:	Zip:
Home Phone #:	()	Cell #:	()

Insurance Carrier:		Policy Number:	
Name of Insured:		Phone:	()

I recognize that Baseball requires athletic skills that can be harmful, dangerous and/or could potentially cause injury or illness. In this regard, I hereby agree to hold Next Level Baseball Camps, Inc. and their stakeholders harmless from any cause of action arising from my child's participation in the Next Level Baseball Camps, Inc. functions including without limitation any injury and illness suffered by the participant before, during and after his/her attendance at the camp.

Name of Parent / Guardian: _____

Signature of Parent /Guardian: _____

Date: _____