

2010-11 DANNY HALL BASEBALL WINTER CAMP GENERAL INFO

ONLINE REGISTRATION IS AVAILABLE AT WWW.DANNYHALLBASEBALLCAMP.COM

DATES/TIME/AGES

October 30-31 – Fall Prospect Camp – 9am-6pm on Sat; 9am-4:30pm on Sun

December 18 – Pitching/Catching/Defense Camp –9:30am-4pm (ages 8-18)

December 19 – Hitting Camp –9:30am-4pm (ages 8-18)

January 22 – Pitching/Catching/Defense Camp – Session I: 9:30am-12:30pm (ages 8-12)
Session II: 1:00pm-4:00pm (ages 13-18)

January 23 – Hitting Camp – Session I: 9:30am-12:30pm (ages 8-12)
Session II: 1:00pm-4:00pm (ages 13-18)

COST

The Fall Prospect Camp is \$300. Each full-day December camp costs \$120. The half-day January camps cost \$65 per session. There is a \$10 total discount when attending both December camps or both January camps.

OBJECTIVE

Our Fall Prospect Camp is an excellent opportunity for possible prospects to receive high-end instruction from the Yellow Jacket coaches and to showcase their talent. There will be games played each day. Lunch is included both days. The camp is limited to 60 participants and is open to all current sophomores, juniors, and seniors. Several players from past camps have received scholarship offers from Div. I schools.

Both the Hitting Camp & the Pitching/Catching/Defense Camp are designed to work on specific skills using stations & drills that focus on mechanics, execution, and mental preparation. Each camper will be videotaped to review mechanics (Dec camps only). The Hitting Camp also emphasizes base running and strength training; the Pitching/Catching/Defense Camp emphasizes developing arm strength. All positions are welcome to the Pitching/Catching/Defense Camp

THE STAFF

Danny Hall and his staff will run the camps. The rest of the staff will be made up of Georgia Tech players. We take pride in providing high quality instruction and supervision. Coach Hall is entering his 17th season at Georgia Tech having conducted camps every year.

FACILITIES

Camps are held at Russ Chandler Stadium on the campus of Georgia Tech. Opened in 2002, the \$9 million stadium is one of the finest college stadiums in the country. The stadium includes three indoor batting cages, a weight room, a video room, and a turf practice field behind the left field wall. In case of inclement weather, the camp will utilize the indoor facilities.

REFUNDS

Refunds will be given with written/email notice one week prior to the start of each camp minus a \$25 processing fee.

MEDICAL CARE

Georgia Tech's team trainer, Walter Smith, will be present at all camps.

FOR ADDITIONAL INFORMATION, PLEASE CONTACT ETHAN SHAPIRO

Email: eshapiro@at.gtaa.gatech.edu ♦ Phone: (404) 894-5410

DANNY HALL BASEBALL CAMP



REGISTRATION FORM

ONLINE REGISTRATION/ADDITIONAL INFO AVAILABLE AT WWW.DANNYHALLBASEBALLCAMP.COM

GENERAL INFORMATION

NAME: _____
LAST *FIRST* *MIDDLE*

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

EMAIL ADDRESS (USED FOR CONFIRMATION): _____

POSITION 1: _____ POSITION 2: _____ BIRTHDAY: ____/____/____ GRADE: _____

SCHOOL: _____

PARENT/GUARDIAN NAME: _____

PARENT/GUARDIAN PHONE: (HOME) _____ (WORK) _____

T-SHIRT SIZE: S M L XL GPA (PROSPECT ONLY): _____ SAT/ACT (PROSPECT ONLY) _____

PLEASE CHECK	CAMP DATES	CAMPS	COST	AGES	TIME
	OCTOBER 30-31	FALL PROSPECT CAMP	\$300	GRADES 10-12	SAT: 9:00AM-6:00PM SUN: 9:00AM-4:30PM
	DECEMBER 18	PITCHING/CATCHING/DEFENSE	\$120*	8-18	9:30AM-4:00PM
	DECEMBER 19	HITTING	\$120*	8-18	9:30AM-4:00PM
	JANUARY 22	PITCHER/CATCHING/DEFENSE	\$65 PER SESSION*	SESSION I: 8-12 SESSION II: 13-18	SESSION I: 9:30AM-12:30PM SESSION II: 1:00PM-4:00PM
	JANUARY 23	HITTING	\$65 PER SESSION*	SESSION I: 8-12 SESSION II: 13-18	SESSION I: 9:30AM-12:30PM SESSION II: 1:00PM-4:00PM

* THERE IS A \$10 TOTAL DISCOUNT FOR ATTENDING BOTH DECEMBER CAMPS OR BOTH JANUARY CAMPS

I WOULD LIKE TO SIGN UP FOR THE LUNCH BUNCH PROGRAM(\$7.50 PER DAY): DEC. P/C/D _____ DEC. HITTING _____

REGISTRATION INFORMATION

- REGISTRATION MUST BE ACCOMPANIED WITH FULL PAYMENT
- DISCOUNTS (\$10 FOR DEC. CAMPS/\$5 FOR JAN. CAMPS) ARE AVAILABLE FOR 4+ CAMPERS
- EVERY ATTEMPT WILL BE MADE TO CONDUCT THE CAMPS OUTDOORS. IN THE CASE OF INCLEMENT WEATHER, THE CAMPS WILL MOVE INDOORS.
- REFUNDS REQUIRE WRITTEN/EMAIL NOTIFICATION ONE WEEK IN ADVANCE OF REGISTERED CAMP MINUS A \$25 PROCESSING FEE.
- PLEASE MAKE CHECK PAYABLE TO **DANNY HALL BASEBALL CAMP**
- RETURN THIS APPLICATION ALONG WITH MEDICAL RELEASE FORM AND PAYMENT TO:

DANNY HALL BASEBALL CAMP
150 BOBBY DODD WAY NW
ATLANTA, GA 30332

FOR ADDITIONAL INFO, PLEASE CONTACT ETHAN SHAPIRO AT ESHAPIRO@ATHLETICS.GATECH.EDU
OR (404) 894-5410

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DANNY HALL BASEBALL CAMP



MEDICAL RELEASE FORM

REGISTRATION WILL NOT BE COMPLETE
UNTIL THIS RELEASE FORM IS SIGNED AND RETURNED

Since most of the campers attending the Danny Hall Baseball Camp are under 18 years of age, it is necessary that our trainers/doctors have parents' permission to administer treatment in the event of accident or sudden illness. (If you are 18, this form requires your signature.)

Name: _____
Last First

Any Allergies to Medication: _____ If so, Please List: _____

Please List Any Conditions Physicians Should Be Aware of: _____

EMERGENCY PHONE NUMBERS

Person to Notify: _____ Relation to camper: _____

Daytime Number: _____ Evening Number: _____

I hereby authorize any medical treatment, which may be advised or recommended by the attending physician of _____ while attending the Danny Hall Baseball Camp.

PARTICIPANT'S NAME

ALL participants require INSURANCE COVERAGE for accidental injury.

PLEASE INDICATE YOUR CURRENT INSURANCE DATA BELOW

I have the required insurance

Insurance Company _____

Policy Number _____

Parent or Guardian Signature _____ Date _____

Release and Waiver of Liability (Please read carefully before signing)

I _____ (parent/guardian name) understand that an injury may result from participation in camp related activities. I hereby release the Danny Hall Baseball Camp, the coaching staff & directors, the Georgia Tech Athletic Association and the Georgia Institute of Technology from any and all liability, claims, demands, action and causes of action whatsoever arising out of or related to any loss, damage, or injury, including death, that may be sustained by my child while participating in such camp related activities, or while in, on, or upon the premises where the activity is being conducted. As the parent/guardian of the above listed camper, I also give permission for any emergency medical care or treatment that may be required, including transportation and accept responsibility for the costs.

SIGNATURE

PARENT OR GUARDIAN: _____ DATE: _____