**Tigers Baseball Camp 2024 **

***OUR 20TH YEAR*** [**www.tigersbaseballcamp.com**](http://www.tigersbaseballcamp.com)

**Camp Directors**

Sean Lynch Head Varsity Coach at Northport HS

Jim DeRosa Assistant Varsity Coach at Northport HS

Rich Castellano Former Head JV2 Coach at Northport HS

Ages: incoming 3rd graders through incoming 11th graders

Location: Steers Park (The Pit) 98 Clipper Drive, Northport, NY

Times: *9am-2pm*

Dates: Session 1-July 15-19 Session 2-July 22-26 Session 3- July 29-Aug. 2

***BIGGER SAVINGS FOR MULTIPLE WEEKS!***

Cost: 1 session- $330 2 sessions- $595 **Save** **$65**       3 Sessions- $885 **Save** **$105**

**\*\*IF PAYING BY THE DAY, THE COST IS $70 PER DAY**

**\*\*\*We will offer a 1-day credit if we have to cancel camp due to inclement weather. Please enroll in the 2024 Remind thread to receive info on possible delays or cancellations.  We will not be issuing refunds for inclement weather.**

**Camp Description:**

This camp is operated and consists of a 5-day program of skill development from the Northport HS coaching staff, and current and former standout Northport HS players many of whom play or have played college baseball. This is a great opportunity to improve individual skills as well a chance to enjoy the game of baseball.  Daily activities include skill specific drills, contests, and games with situational instruction. The camp’s focus is on teaching the fundamentals of baseball as well as fostering a fun and supportive environment for our campers.

**Additional Information:**

Directors are trained in First Aid and CPR/AED. Lunch, snacks, and beverages will be available for purchase at our concession stand. Campers should bring their own baseball equipment as well as a baseball hat and sunscreen. **Please note, due to field space, camp enrollment may be capped.**

**Contact Info:**

**E-mail**: [nptbaseball2006@aol.com](mailto:nptbaseball2006@aol.com)  **Phone or text**- 631-332-1534 (Jim DeRosa)

***Important***

\*\*\**Once your registration and payment is received, an email will be sent that will confirm your child’s enrollment or that your child was placed on a waitlist. If your child was placed on a waitlist, you will be contacted if an opening occurs.*

**JOIN THE REMIND-**Once your registration is confirmed, please join the Remind to receive important info and inclement weather updates during camp.  Enter the # 81010 in your text messages and text the message @tigersnp24

***How to Register***

***Please make checks payable to Tigers Baseball* and mail with payment to**

***TIGERS BASEBALL***

***5  7TH AVE. W***

***EAST NORTHPORT, NY 11731***

**Please Print Legibly. Mail the registration, medical authorization, and Covid-19 waiver below.**

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Age as of Sept. 2024\_\_\_\_\_Grade Entering Sept. 2024\_\_\_\_\_

School Attending in Sept. 2024\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Town \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Home # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Work #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent or Guardian’s Names\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medications, Allergies, and Medical Problems\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*\*\*Please Circle Sessions Attending-    Session 1 Session 2 Session 3**

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***Please complete information below, read and sign Medical Authorization and Covid-19 Waiver***

**Medical Authorization**

I, the undersigned parent or guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, a minor, have read the above information and understand the information as presented. I do authorize Tigers Baseball Camp or any law enforcement agency to use their judgment in obtaining treatment for my child. I give my permission to the medical, dental, or emergency room staff selected to render any emergency surgical or dental treatment necessary. I understand that any costs incurred for my child for emergency treatment shall be my sole responsibility.  It is also that effort shall be made to contact the undersigned prior to rendering treatment to the child, but that none of the above treatments shall be withheld if the undersigned cannot be reached.

**Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Tigers Baseball Camp 2024 Covid-19 Waiver**

As with the transmission of any communicable disease like the cold or the flu, your child may be exposed to COVID-19 at any time in any place.  Despite our careful attention, there is still a chance that your child could be exposed to an illness just as you might be at a grocery store, restaurant, or park.

Do you accept the risk and give consent to your child’s participation at Tigers Baseball Camp?  (please circle your choice)

        Yes                No

I agree that my child will follow camp safety guidelines and will practice safe social distancing at all times during their participation at Tigers Baseball Camp.  I agree that I will keep my child home if he is feeling unwell. (please circle your choice)

        Yes                No

Camper Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent/Guardian Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_