

2015 GRAND SLAM BASEBALL CAMP

Fairfield Session: June 22 - June 26, 2015

@ Owen Fish Park, 9am - 12pm

CAMP PHILOSOPHY

The goal of the Grand Slam Baseball Camp is for each camper to have FUN, while learning the fundamentals of baseball through drills and competition. Each camper will be taught aspects of the game, including throwing, fielding, hitting, and base running. Each camper will have a chance to learn the specifics of pitching and catching as well as infield and outfield play from the experienced Grand Slam Baseball Camp coaching staff.

WHO IS THIS CAMP FOR?

This camp is for anyone who loves baseball, wants to be a better player, wants to get high school and college level coaching, wants to have fun, or simply wants to try something new. The camp is designed for children who will be entering grades K through nine in the fall (roughly ages 5 through 14), and is divided into divisions grouped primarily by age, then ability when appropriate.

CAMP DIRECTOR

Camp Director Keith O'Rourke heads the Grand Slam Baseball Camp staff. While Head Baseball Coach at Fairfield Ludlowe High School from 2005-2013, Coach O'Rourke's teams earned a state tournament appearance every season, played in the state title game in 2008, and won an FCIAC Championship in 2010. During O'Rourke's final season with Fairfield Ludlowe in 2013, he was named FCIAC Coach of the Year. Coach O'Rourke's experiences have also included four years as the head baseball coach at Joel Barlow High School in Redding, as well as a coaching stop at Division I Fairfield University. In 2006, Coach O'Rourke served as a guest instructor with the Pittsburg Pirates during Spring Training. Currently, Coach O'Rourke serves as the Director of Coaching for the Fairfield Rage Baseball Club, an organization which he has been a part of since 2010.

SUPERVISION and STAFF

Camper will receive instruction from a staff made up of NCAA coaches, high school coaches, and both college and high school players. The camper to staff ratio will be 10:1 or better. Many of our staff members hold state certification in teaching and coaching, as well as being First Aid/CPR/AED certified.

FACILITIES and TRANSPORTATION

The Grand Slam Baseball Camp Fairfield Session will be held at **Owen Fish Park** (1443 Stratfield Road, Fairfield). Grand Slam Baseball Camp will also hold sessions during the 2015 summer season at **The Nike Site** (49 Mohegan Road, Shelton). Campers must provide their own transportation to and from camp.

TUITION and DISCOUNTS

The cost of the Grand Slam Baseball Camp Fairfield Session is \$200. There is a one-time \$25 total discount when siblings are registered at the same time.

Acceptable forms of payment are check, money order, or cash. Please make checks payable to: **GRAND SLAM BASEBALL** and include your child's name on all checks. Tuition must be paid in full with the registration form and camp health form.

Camper will not be allowed to participate without the completed REGISTRATION and CAMP HEALTH forms on file!

Tuition includes instruction, an official camp T-shirt and five days of exciting competition. In the event that inclement weather causes a day of camp to be cancelled, that day will not be made up. **There will be no refunds for cancellations due to inclement weather. A camp credit will be issued if cancellation is made after June 1, 2015.**

REGISTRATION and CONFIRMATION

Register early! Space is limited and this session will fill up!

Fill in the **2015 GRAND SLAM BASEBALL CAMP REGISTRATION FORM** and send it with your payment to:

Keith O'Rourke, Camp Director, Grand Slam Baseball Camp, 299 Meadowridge Road, Shelton, CT 06484

Confirmation of enrollment will be sent via email when registration and payment is received, so PLEASE PRINT CLEARLY!

For more information, call Coach O'Rourke at 203-243-7130 or Email at korourke23@yahoo.com

2015 GRAND SLAM BASEBALL CAMP FAIRFIELD SESSION REGISTRATION FORM
(PLEASE PRINT CLEARLY)

Name: _____ Address: _____
 City: _____ State: _____ Zip: _____ Age (During Camp): _____
 Home Phone: _____ Parent's Work/Cell: _____
 E-mail: _____ Grade Entering (15/16 school year): _____

<p align="center">June 22 - 26, 2015, \$200 Owen Fish Park, Fairfield</p>	<p align="center"><u>Discounts</u></p>	<p align="center">Tee Shirt Size (Circle)</p>
	<p><u>Sibling</u> There is a one-time \$25 total discount when siblings are registered at the same time.</p>	<p align="center"> Adult or Child S M L XL XXL </p>

RELEASE AND WAIVER OF LIABILITY

I understand that playing or participating in the above sport may be a potentially dangerous activity involving risk of injury. I understand that in any contact sport, such as the sport involved at this camp, an athletic participant can be seriously injured. I am aware that the dangers and risks of my child's/ward's playing or participating in the above sport include, but are not limited to, falls, contact or collisions with other participants, equipment and facilities, and the effects of weather, including high heat and humidity (facilities are not air conditioned). I have certified to the director, by my signature below, that my child is in good health and physical condition and sufficiently able to participate in the above sport and the camp. I have advised the director of any limitations on my child's/ward's activities for medical reasons in writing below. Knowing and having been informed of the potential dangers and risks associated with playing the above sport, and in consideration of my child/ward being allowed to participate in the camp, I hereby agree on behalf of myself, my family members and my child/ward to assume all such risks and, further, to waive, release, discharge and hold harmless the Grand Slam Baseball, LLC, Grand Slam Baseball Camp, its director and their respective employees from any and all liability, actions, causes of actions, claims or demands for personal injury and/or illness of any kind or nature, and any other claims whatsoever arising out of, or in any way connected with, my child's/ward's playing and participating in the above sport and camp. I fully understand that the camp participant will be held responsible for all property damage. This Release and Waiver extends to all claims of every kind or nature whatsoever, foreseen or unforeseen, known or unknown.

I hereby consent to permit the coaches and staff working at the Grand Slam Baseball Camp to provide emergency first-aid or medical treatment for my child/ward, according to their best judgment, in the event he/she suffers an injury or illness while participating in the camp or on the camp premises. The camp is not responsible for personal items that are lost, stolen or damaged. I also understand that pictures taken at camp may be used in any promotional materials

Signature of Parent/Guardian: _____ Date: _____

Medical Insurance Co.: _____ Policy #: _____

In case of emergency, call first: _____ Telephone #: _____

In case of emergency, call second: _____ Telephone #: _____

Return completed registration, camp health form & payment to:

**Keith O'Rourke, Camp Director
 Grand Slam Baseball Camp
 299 Meadowridge Road, Shelton, CT 06484**

For more information, call Coach O'Rourke at 203-243-7130 or Email at korourke23@yahoo.com

Youth Camp Health Exam/Record for Campers and Staff

**Physical exams are valid for 3 years from date of last examination!
Please return completed form to Camp.**

Camper Staff

Name _____ Date of Birth _____ Phone _____

Guardian _____ Address _____

Emergency Contact _____ Telephone _____

Date of Arrival at Camp _____ Departure Date _____

TO BE COMPLETED BY THE SPECIFIED MEDICAL PRACTITIONER

Date of Exam _____

Check One:

- May participate in all camp activities
 May participate except for:

Medical information pertinent to routine care and emergencies:

Is this individual taking prescription medication? YES NO

If yes, explain:

Does the individual have allergies? YES NO Explain:

Is the individual on a special diet? YES NO Explain:

This camper/staff is up-to-date on all of the following routine childhood immunizations currently recommended by the American Academy of Pediatrics and National Advisory Committee on Immunization Practices.

	YES	NO		YES	NO
Measles	<input type="checkbox"/>	<input type="checkbox"/>	Hepatitis B	<input type="checkbox"/>	<input type="checkbox"/>
Mumps	<input type="checkbox"/>	<input type="checkbox"/>	Diphtheria	<input type="checkbox"/>	<input type="checkbox"/>
Rubella	<input type="checkbox"/>	<input type="checkbox"/>	Pertussis	<input type="checkbox"/>	<input type="checkbox"/>
Chickenpox	<input type="checkbox"/>	<input type="checkbox"/>	Polio	<input type="checkbox"/>	<input type="checkbox"/>
Tetanus	<input type="checkbox"/>	<input type="checkbox"/>			

Comments: _____

Print name of medical care provider: _____

Medical care provider's address: _____

Medical care provider's: City/Town: _____ ST: _____ Zip Code _____

Signature of Physician, APRN or PA _____

Date Form Signed _____ Telephone Number _____