



Boise High Baseball Youth Developmental Sessions



Winter Camp (December and January)

A separate, "Almost Spring" camp will also be held for February
(Flyer to be sent out after the Holidays)

Hitting Focus

(with a little throwing and fielding work included)

Ages: 8-12 year olds interested in preparing for their upcoming season and

Dates: December 7, 9, 14, 16: Every Tuesday and Thursday in December
January: 11, 13, 18, 20, 25, 27: Every Tuesday and Thursday in January

Times

- 8 to 10 year olds: 6:00pm to 6:45pm
- 11 to 12 year olds: 7:00pm to 8:00pm

Payment

Please make checks payable to: Boise High Baseball. Please mail checks to Boise High: Attn. Boise Baseball, 1010 W. Washington St, Boise ID 83702 prior to December 1st, or bring check on first day of Camp.

- \$160

To get an idea on numbers, please email david.ruffing@boiseschools.org (Boise Head baseball coach) with a simple, "Yes, my ___year old, named _____ wants to attend the winter camp." Or, mail in the registration form as soon as possible. Payment can be taken at the door.

Guidelines

All campers must wear a face mask the entire time in the hitting facility or when close to other campers. Masks can be taken off when separated from other campers. Family members and spectators are not allowed in the hitting facility during the duration of the camp. It may be a good idea to supply your camper with their own hand sanitizer and bring a full water bottle. Please have camper layer up and wear proper baseball attire (sweats, sweatshirt, baseball pants, athletic wear, turfs, shoes, glove). No cleats are allowed inside the hitting facility. Please bring own bat, if possible, as High school does not have the correct size and weights for the younger age groups.

2021-22 Boise Baseball Developmental Winter Camp Registration Form
(Please circle the group you are registering for)

Age Group: 8 to 10 Years old 11 to 12 years old

Players Name: _____

Age: _____ Birth Date: _____

Does Your Child Have Insurance: Yes ___ No ___?

Check Enclosed: # _____ Amount _____

Emergency Contact #1: _____

Relationship: Mother Father Relative Friend

Cell Phone: _____ Alt Phone: _____

Emergency Contact #2: _____

Relationship: Mother Father Relative Friend

Cell Phone: _____ Alt Phone: _____

Parents Email: _____

Current School Attending: _____

I hereby authorize the staff of the Boise Baseball Instructional Hitting Camp to act according to their best judgment in any emergency situation requiring medical attention and I hereby waive and release, and hold harmless the Boise School District, Boise High School, The Boise Seminoles Baseball Program, and the Staff members of the Boise Baseball Instructional Hitting Camp from any and all liability for any injuries or illnesses incurred while at the hitting sessions. I have no knowledge of any physical or mental impairment that would be affected by the above named camper's participation in the Boise Baseball Instructional Hitting Camp.

I have carefully read and reviewed this hold harmless, I understand it fully, and I execute it voluntarily

Executed the _____ day of _____, 20_____.

Parent/Guardian Signature