

MIKE CASALE BASEBALL CAMP LLC

\$160 per Camper

Sign up with a friend, both receive \$10 off.
Must include friend's name on registration form.

Sign up for Coach Clemente's basketball camp,
receive \$10 off. Camp is July 24-26 at Central.

(Please Print)

Name: _____

Address: _____

Date of Birth: _____

Age: _____

Parent/Guardian: _____

Cell Phone: _____

Email: _____

Emergency Contact: _____

Emergency Phone: _____

Insurance Co: _____

Policy Number: _____

(Please fill out for discounts)

Friend's Name: _____

Signed up for Coach Clemente's Basketball Camp

Cash or Checks Accepted

Make Checks Payable To:
Mike Casale Baseball Camp LLC
169 South Shore Drive
Toms River NJ, 08753

CAMPER'S HEALTH HISTORY

Name: _____

Has this athlete ever been medically advised
not to participate in any sports? Yes or No

Has your child ever had or have (please check)

- | | |
|---|--|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Bee Sting Allergy |
| <input type="checkbox"/> Heart Problems | <input type="checkbox"/> Food Allergy |
| <input type="checkbox"/> Drug Allergy | <input type="checkbox"/> Surgery |
| <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Rheumatic Fever | <input type="checkbox"/> Epilepsy |
| <input type="checkbox"/> Kidney Trouble | <input type="checkbox"/> Chest Pains |
| <input type="checkbox"/> Fracture/Dislocation | <input type="checkbox"/> Excessive Bleeding |
| <input type="checkbox"/> Special Needs | <input type="checkbox"/> History of Fainting |

Does your child (please check)

- Wear Glasses or Contacts
 Take Medication

Please explain and include dates if you
answered yes to any of the above items.

Additional information:

Parent/Guardian Signature:

Date:



MIKE CASALE BASEBALL CAMP LLC

JUNE 25th - 29th

**MONDAY – THURSDAY
9:00 a.m. – 2:30 p.m.**

**FRIDAY
9 a.m. – 1 p.m.
Awards ceremony to follow.**

Ages 5 and up

**Berkeley Little League
Moorage Avenue Complex
Bayville, NJ**

MIKE CASALE BASEBALL CAMP LLC STAFF

The staff will consist of the Central Regional Baseball Coaches and former Central Baseball Players. They will lead campers through a variety of drills and game situations to improve each camper's skills and knowledge of the game of baseball. The Mike Casale Baseball Camp LLC Staff is committed to stress the importance of education, sportsmanship, and respect to all the campers.

Head Coach Mike Casale

Current CRHS Varsity Baseball Coach
Former Monmouth University Baseball Player
Former Toms River North Baseball Player
Member of the TRELLE 1999 LLWS Team

Varsity Assistant Coach Matt Kiefer

Junior Varsity Coach Kyle Herron

Freshman Coach Bruce Hummer

Middle School Coach Mike Morreale

DAILY SCHEDULE

- Attendance will be taken every morning at 9:00 a.m. as a group.
- Following attendance, the staff will lead the campers through an active warmup.
- Coach Casale will talk to the campers as a group telling them what they will focus on for that day.
- Campers will go with their coaches to practice the specific technique for the day.
- Campers will break for a supervised lunch period.
- Campers will return to their fields where they will continue to work on the drills for the day while incorporating games.
- At the end of the day, Coaches will discuss what the campers learned during that day.
- Campers will not be released until a parent/guardian is there to pick them up.

AREAS OF FOCUS

Throwing • Fielding • Running
Hitting • Bunting • Pitching

FOR MORE INFORMATION

Please contact Coach Mike Casale:
(732) 312-7040 or
MikeCasale10@gmail.com

GENERAL INFORMATION

1. Little League Concession Stand will be open for lunch with daily camper lunch specials for purchase.
2. Campers should wear sunscreen and bring plenty of water.
3. Campers should wear suitable clothing, bring a baseball glove, and a hat.
4. Parents are invited to an award ceremony on Friday at 1:00 p.m.

CAMP T-SHIRT

All Campers will receive a Camp T-Shirt.

Youth Size

___S ___M ___L ___XL

Adult Size

___S ___M ___L ___XL

RESPONSIBILITY

I will assume all responsibility for injuries that my child may sustain during camp attendance. I hereby authorize the staff of the **Mike Casale Baseball Camp LLC** to act for me accordingly to their best judgment in any emergency requiring medical attention and hereby release the staff of the **Mike Casale Baseball Camp LLC** from any liability for injuries or illnesses as my child may have during the camps.

Parent/Guardian Signature:

Date: