



# TESORO BOOSTER CLUB PRESENTS IN-COMING FRESHMEN BASEBALL CAMP

- WHAT: BASEBALL CAMP FOR IN-COMING FRESHMEN
- WHEN: TUESDAY MAY 19, WEDNESDAY MAY 20 & THURSDAY MAY 21  
(3 DAYS)
- WHERE: TESORO HIGH SCHOOL VARSITY BASEBALL FIELD
- TIME: TUES, WED & THU (5-7 PM)
- INSTRUCTORS: TONY NIETO – HEAD COACH AT TESORO HS  
PLUS OTHER HIGH SCHOOL BASEBALL COACHES
- TO SIGN UP: COMPLETE REGISTRATION FORM AND EMAIL BACK TO  
[AMNIETO@CAPOUSD.ORG](mailto:AMNIETO@CAPOUSD.ORG)  
THE DONATION/REGISTRATION OF THE CAMP IS \$200. YOU CAN  
PAY FOR CAMP ON TESORO BASEBALL WEBSITE  
[www.tesorobaseball.com](http://www.tesorobaseball.com)
- WHAT TO BRING: CAMPERS SHOULD WEAR BASEBALL ATTIRE (CLEATS,  
BASEBALL PANTS, T-SHIRT, AND HAT). BRING YOUR OWN  
GLOVE & BAT.
- QUESTIONS: CONTACT COACH NIETO  
EMAIL: [AMNIETO@CAPOUSD.ORG](mailto:AMNIETO@CAPOUSD.ORG)

**EACH CAMPER MUST COMPLETE A REGISTRATION FORM  
AND COMPLETE PAYMENT BY FRIDAY MAY 15.  
(SPACES ARE LIMITED)**

*Please note that the Constitution of the State of California requires that we provide a public education to you free of charge. Your right to a free education is for all school/educational activities, whether curricular or extracurricular, and whether you get a grade for the activity or class. Subject to certain exceptions, your right to a free public education means that we cannot require you or your family to purchase materials, supplies, equipment or uniforms for any school activity, nor can we require you or your family to pay security deposits for access, participation, materials, or equipment.*



**INCOMING FRESHMEN CAMP REGISTRATION FORM**  
**EMAIL THIS REGISTRATION FORM BACK TO COACH NIETO BY MAY 15**  
**[amnieto@capousd.org](mailto:amnieto@capousd.org)**

CAMPER'S NAME: \_\_\_\_\_

CITY: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

PHONE #: \_\_\_\_\_ POSITION: \_\_\_\_\_

PREVIOUS SCHOOL: \_\_\_\_\_

EMAIL: \_\_\_\_\_

PARENT'S EMAIL: \_\_\_\_\_

**PLEASE COMPLETE THE FUTURE FRESHMEN BASEBALL QUESTIONNAIRE**



I HEREBY AUTHORIZE THE DIRECTORS OF TESORO BASEBALL BOOSTERS TO ACT FOR ME ACCORDING TO THEIR BEST JUDGMENT IN ANY EMERGENCY REQUIRING MEDICAL ATTENTION. I HEREBY GRANT PERMISSION FOR MY SON TO PARTICIPATE IN THE CAMP AND AKNOWLEDGE THAT HE IS PHYSICALLY ABLE TO PARTICIPATE IN CAMP ACTIVITIES. I HEREBY WAIVE AND RELEASE TESORO BASEBALL, TESORO HIGH SCHOOL, TESORO BASEBALL BOOSTERS, CAPISTRANO UNIFIED SCHOOL DISTRICT AND ALL CAMP PERSONNEL FROM ANY AND ALL LIABILITY FOR ANY INJURIES OR ILLNESSES INCURRED WHILE AT CAMP.

\_\_\_\_\_  
PARENT OR GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
EMERGENCY CONTACT PERSON

\_\_\_\_\_  
PHONE NUMBER

**EMAIL THIS REGISTRATION FORM BACK TO COACH NIETO BY MAY 15**  
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