

HOME OF THE

TESORO TITANS

TESORO



BASEBALL

YOUTH BASEBALL CAMP

(INCOMING 5TH, 6TH, 7TH, & 8TH GRADE)

- WHAT: YOUTH BASEBALL CAMP FOR INCOMING 5TH, 6TH, 7TH, AND 8TH GRADE.
- WHEN: JULY 12, 13 & 14 (TUESDAY-THURSDAY)
(3 DAYS)
- WHERE: TESORO HIGH SCHOOL VARSITY BASEBALL FIELD
- TIME: 10 AM – 12 PM (DAILY)
- INSTRUCTORS: TESORO HIGH SCHOOL BASEBALL COACHES
- COST: THE COST OF THE CAMP IS \$150. YOU CAN PAY FOR CAMP ON TESORO BASEBALL TEAM STORE: <https://tesorobaseball.com/titans-team-store>
- TO SIGN UP: COMPLETE REGISTRATION FORM AND EMAIL BACK TO AMNIETO@CAPOUSD.ORG
- 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

***EACH CAMPER MUST COMPLETE A REGISTRATION FORM
AND COMPLETE PAYMENT BY FRIDAY JULY 8.
(SPACES ARE LIMITED)***



REGISTRATION FORM

CAMPER'S NAME: _____
ADDRESS: _____
CITY: _____ ZIP CODE: _____
PHONE #: _____ POSITION: _____
CURRENT SCHOOL: _____ GRADE: _____
EMAIL: _____

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:

amnieto@capousd.org