

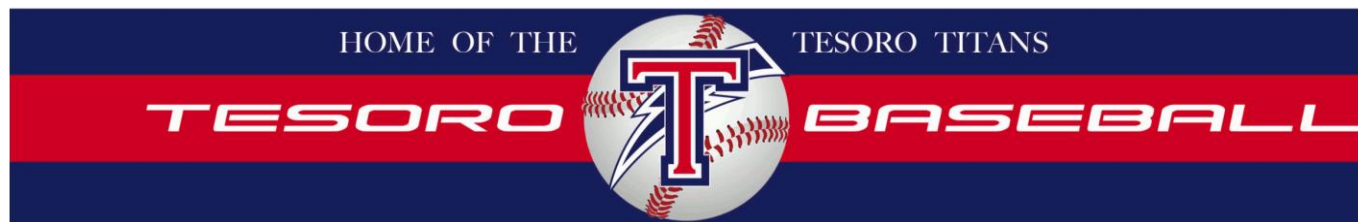


# YOUTH SUMMER BASEBALL CAMP

## (INCOMING 5<sup>TH</sup>, 6<sup>TH</sup>, 7<sup>TH</sup> & 8<sup>TH</sup> GRADE)

- WHAT: YOUTH BASEBALL CAMP FOR INCOMING 5<sup>TH</sup>, 6<sup>TH</sup>, 7<sup>TH</sup>, AND 8<sup>TH</sup> GRADE (*2025-2026 SCHOOL YEAR*)
- WHEN: JULY 3, 10 & 17 (THURSDAYS ONLY)  
(3 DAYS)
- WHERE: TESORO HIGH SCHOOL VARSITY BASEBALL FIELD
- TIME: 10 AM – 12 PM (DAILY)
- INSTRUCTORS: TONY NIETO – HEAD COACH AT TESORO HS  
- 2023 & 2024 SOUTH COAST LEAGUE CHAMPIONS  
- 2022 CIF & STATE CHAMPIONS  
- 2022 CALHI SPORTS STATE COACH OF THE YEAR  
  
PLUS OTHER HIGH SCHOOL BASEBALL COACHES
- COST: THE COST OF THE CAMP IS \$200. YOU CAN PAY FOR CAMP ON TESORO BASEBALL WEBSITE ([www.Tesorobaseball.com](http://www.Tesorobaseball.com))
- TO SIGN UP: COMPLETE REGISTRATION FORM AND EMAIL BACK TO COACH NIETO ([amnieto@capousd.org](mailto: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 BY EMAIL:  
[amnieto@capousd.org](mailto:amnieto@capousd.org)

***EACH CAMPER MUST COMPLETE A REGISTRATION FORM  
AND COMPLETE PAYMENT BY FRIDAY JUNE 6  
(SPACES ARE LIMITED)***



## YOUTH CAMP REGISTRATION FORM

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

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

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

CURRENT SCHOOL: \_\_\_\_\_

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

PARENT'S 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 ACKNOWLEDGE 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.

**EMAIL THIS REGISTRATION FORM BACK TO COACH NIETO BY JUNE 6**  
[amnieto@capousd.org](mailto:amnieto@capousd.org)

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

\_\_\_\_\_  
DATE

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

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