

HOME OF THE

TESORO TITANS

TESORO



BASEBALL

# 6<sup>TH</sup>, 7<sup>TH</sup> & 8<sup>TH</sup> GRADE YOUTH BASEBALL CAMP

- WHAT: BASEBALL CAMP FOR 6<sup>TH</sup>, 7<sup>TH</sup>, AND 8<sup>TH</sup> GRADE.
- WHEN: JULY 19, 20 & 21<sup>ST</sup> (MONDAY-WEDESDAY)  
(3 DAYS)
- WHERE: TESORO HIGH SCHOOL VARSITY BASEBALL FIELD
- TIME: 5 PM TO 7 PM (DAILY)
- INSTRUCTORS: TONY NIETO – HEAD COACH AT TESORO HS  
PLUS OTHER 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](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 COACH NIETO  
EMAIL: [AMNIETO@CAPOUSD.ORG](mailto:AMNIETO@CAPOUSD.ORG)

***EACH CAMPER MUST COMPLETE A REGISTRATION FORM  
AND COMPLETE PAYMENT BY FRIDAY JULY 16.  
(SPACES ARE LIMITED)***



**REGISTRATION FORM**

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

ADDRESS: \_\_\_\_\_

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

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

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

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.

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

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EMERGENCY CONTACT PERSON \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

**EMAIL THIS REGISTRATION FORM BACK TO COACH NIETO:**

[amnieto@capousd.org](mailto:amnieto@capousd.org)