

Apple Valley Senior High School

Summer Baseball Camps



Camp's Offered

JUNE 11 – 14, 2012
9:00 am – 12:00 pm

Community Camp (ages 7-11)
\$85

Skills Camp (ages 10-15)
\$85

JULY 16 – 19, 2012
9:00 am – 3:30 pm

Skills & Games (ages 8-15)
\$165

You are invited to the Apple Valley 2012 Summer Baseball Camps. These camps are aimed at developing fundamental skills, promoting the game of baseball and creating a fun environment for athletes to grow as players. We aim to further develop and support all AVHS baseball clubs.

COMMUNITY CAMP (ages 7-11)

- Develop fundamental skills of hitting, throwing, fielding
- Bunting, base running, cuts and relays
- Promote interest for the game through fun simulated games

SKILLS CAMP (ages 10-15)

- Continue development of fundamental baseball skills
- Emphasize pitching & catching
- Focused in-game coaching on proper decision making

SKILLS & GAMES CAMP (ages 8-15)

- Hitting, fielding, throwing fundamentals
- Live pitching, hitting and catching
- Position specific skills
- In-game coaching on proper decision making

***ALL CAMPS RUN Monday – Thursday. FRIDAY IS MAKE UP DATE DUE TO WEATHER.**

2006 State Champions
2002, 2004, 2007 Conference Champions



Registration Form

Apple Valley High School Summer 2012 Baseball Camp

June 11 - 14, 2012 9:00 am – 12:00 pm
 July 16 – 19 , 2012 9:00 am – 3:30 pm

Please make checks payable to: **AV Baseball Booster Club**

Send Checks to: **Bob Kissel**
 1013 Park Place
 Burnsville, MN, 55337

Registration must be submitted by June 1, for Community and Skills Camp and by July 15 for the Skills & Games Camp.
 Checks are accepted on the first day of camp

Name: _____

Age: _____

Camp: Youth (\$85) _____ Skills (\$85) _____ Skills & Games (\$165) _____

Jersey Size: S M L XL

Address: _____

Phone Number: _____ Cell: _____

Email: _____

Emergency Contact: _____ Phone: _____

Medical Conditions: _____

My child has permission to attend the Apple Valley High School Baseball Camps. I have no knowledge of any physical impairment that may affect my child's participation in the Apple Valley High School camps. In the event of any emergency, I authorize the staff of the Apple Valley High School Camps to act for me according to their best judgment in any emergency requiring medical attention, and I agree to bear the expense of such procedure. I understand Apple Valley High School and College and the Apple Valley Baseball Camps are not responsible for any accident or injury.

Parent Signature/Consent: _____ Date: _____

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June 11 - 14, 2012

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9:00 am-12:00 pm

9:00 am - 4:00 pm

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