

2024 Livingston County Baseball Camp

Camp Philosophy:

This camp is designed for athletes who sincerely wish to learn and take their skills to another level. The camp staff believes in teaching the fundamentals of the game along with teaching the mental approach to baseball/softball. Our camp staff wants this camp to help your son/daughter get the most out of their abilities. Players will be exposed to topics such as hitting, pitching, catching/throwing, defensive play, as well as improving strength and speed.

Dates:

Thursday June 27, Friday June 28, Monday July 1, and Tuesday July 2

Time:

Session I (Baseball): 9 AM – 11AM: For boys entering grades 1-8 in September 2024

Location: Bowen Park, Main St. Livonia

Check out our website: www.livbaseball.com

Camp Staff:

Dave Stewart, Wayland-Cohocton Varsity Softball Coach
Rob VanScoter, Dansville HS Varsity Baseball Coach
Bob Stewart, Former Honeoye Baseball Coach, Track and XC Coach
Corey Greene – Livonia Varsity Baseball Coach
Jon O’Keefe – Livonia Varsity Softball Coach
Jonah Martin, Jonah Kiehle, Pat Moran and Current coaches and players in the Livingston County Area

Cost: \$90 per player

Please make check payable to "Bob Stewart" and return with player information slip below. Send money and form to:

Bob Stewart

6342 Railroad Ave

Conesus, NY 14435

Registration/Payment Due: June 19, 2024

Questions: (585) 465-0933

Players Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Emergency Phone: _____

E-mail: _____

Grade to enter in Fall 2024: _____ Age: _____ T-Shirt Size: Y _____ or A _____

Parent or Guardian Consent:

In Consideration for allowing my son/daughter to participate in the "2024 Baseball/Softball Camp", I, as his/her parent/guardian, affirm to the Camp Staff that: I understand that participating in athletics and other camp activities involves a risk of injury or other harm.

-I will not hold the camp staff, its employees and agents, or the Village of Livonia responsible for any injury or other harm that results from participation in the camp. My son/daughter is in good health and has no physical condition that would prevent him/her from participating in the camp.

Parents Printed name: _____

Signature: _____ Date: _____