

# 2014 GRAND SLAM BASEBALL CAMP

**Session 1: June 23 - June 27, 2014 @ Owen Fish Park Baseball/Softball Field Area, 9am - 12pm**

**Session 2: June 30 - July 3, 2014 @ Owen Fish Park Baseball/Softball Field Area, 9am - 12pm**

**Session 3: July 7 - 11, 2014 @ Owen Fish Park Baseball/Softball Field Area, 9am - 12pm**

## **CAMP PHILOSOPHY**

The goal of the Grand Slam Baseball Camp is for each camper to have FUN, while learning the fundamentals of baseball through drills and competition. Each camper will be taught aspects of the game, including throwing, fielding, hitting, and base running. Each camper will have a chance to learn the specifics of pitching and catching as well as infield and outfield play from the experienced Grand Slam Baseball Camp coaching staff.

## **WHO IS THIS CAMP FOR?**

This camp is for anyone who loves baseball, wants to be a better player, wants to get high school and college level coaching, wants to have fun, or simply wants to try something new. The camp is designed for children who will be entering grades K through nine in the fall (roughly ages 5 through 14), and is divided into divisions grouped primarily by age, then ability when appropriate.

## **CAMP DIRECTOR**

Camp Director Keith O'Rourke heads the Grand Slam Baseball Camp staff. Coach O'Rourke was Head Baseball Coach at Fairfield Ludlowe High School from 2005-2013. During his tenure at Fairfield Ludlowe, "KO" guided the Falcons to an overall 122 - 86 record, a state tournament appearance in every season, and the state title game in 2008. In 2010, the Falcons won 20 games and the first FCIAC Championship in school history. During O'Rourke's final season with Fairfield Ludlowe, the Falcons dramatically won 12 of their final 13 games to make the conference playoffs, and O'Rourke was recognized for the team's effort in being named 2013 FCIAC Coach of the Year. Before guiding the Falcons, Coach O'Rourke's experience has included four years as the head baseball coach at Joel Barlow High School in Redding, as well as a coaching stop at Division I Fairfield University. In 2006, Coach O'Rourke served as a guest instructor with the Pittsburg Pirates during Spring Training.

## **SUPERVISION and STAFF**

Campers will receive instruction from a staff made up of NCAA coaches, high school coaches, and both college and high school players. The camper to staff ratio will be 10:1 or better. Many of our staff members hold state certification in teaching and coaching, as well as being First Aid/CPR/AED certified.

## **FACILITIES and TRANSPORTATION**

Grand Slam Baseball Camp is held at **Owen Fish Park (1443 Stratfield Road) in Fairfield**

Campers must provide their own transportation to and from camp.

## **TUITION and DISCOUNTS**

The cost of the camp is \$200 per session (\$175 for Session 2 in 2014). Discounts offered include:

***Sibling Discount-* There is a one-time \$25 total discount when siblings are registered at the same time**

***Multiple Week Discount-* Take \$25 off when you sign an individual camper up for **two** sessions (at the same time), \$50 off when you sign an individual camper up for all **three** sessions (at the same time).**

Acceptable forms of payment are check, money order, or cash. Please make checks payable to: **GRAND SLAM BASEBALL** and include your child's name on all checks. Tuition must be paid in full with the registration form and camp health form.

**Campers will not be allowed to participate without the completed REGISTRATION and CAMP HEALTH forms on file!**

Tuition includes instruction, an official camp T-shirt and five days of exciting competition. In the event that inclement weather causes a day of camp to be cancelled, that day will not be made up. **There will be no refunds for cancellations due to inclement weather. A camp credit will be issued if cancellation is made after June 1, 2014.**

## **REGISTRATION and CONFIRMATION**

Register early! Space is limited. Fill in the **2014 GRAND SLAM BASEBALL CAMP REGISTRATION FORM** and send it with your payment to:

**Keith O'Rourke, Camp Director, Grand Slam Baseball Camp, 299 Meadowridge Road, Shelton, CT 06484**

Confirmation of enrollment will be sent via email when registration and payment is received, so PLEASE PRINT CLEARLY!

For more information, call Coach O'Rourke at 203-243-7130 or Email at korourke23@yahoo.com

# 2014 GRAND SLAM BASEBALL CAMP REGISTRATION FORM

**(PLEASE PRINT CLEARLY)**

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Age (During Camp): \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Parent's Work/Cell \_\_\_\_\_  
 E-mail: \_\_\_\_\_ Grade Entering (14/15 school year): \_\_\_\_\_

**PLEASE CHECK DESIRED SESSION(S)**

<input type="checkbox"/> (1) June 23 - 27, 2014, \$200 <input type="checkbox"/> (2) June 30 - July 3, 2014, \$175 <input type="checkbox"/> (3) July 7 - 11, 2014, \$200	<p><b><u>Discounts</u></b></p> <p><b><u>Sibling</u></b>          There is a one-time \$25 total discount when siblings are registered at the same time</p> <p><b><u>Multiple Week (FOR THE SAME CAMPER)</u></b>          Take \$25 off when you sign up for two sessions          Take \$50 off when you sign up for all three sessions</p> <p style="text-align: center;"><b>(MUST BE AT THE SAME TIME FOR DISCOUNT TO APPLY)</b></p>	<p><b>Tee Shirt Size (Circle)</b></p> <p style="text-align: center;">Adult    or    Child</p> <p style="text-align: center;">S    M    L    XL    XXL</p> <p style="text-align: center;"><i>Campers will receive one tee shirt for their duration at camp</i></p>
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RELEASE AND WAIVER OF LIABILITY

I understand that playing or participating in the above sport may be a potentially dangerous activity involving risk of injury. I understand that in any contact sport, such as the sport involved at this camp, an athletic participant can be seriously injured. I am aware that the dangers and risks of my child's/ward's playing or participating in the above sport include, but are not limited to, falls, contact or collisions with other participants, equipment and facilities, and the effects of weather, including high heat and humidity (facilities are not air conditioned). I have certified to the director, by my signature below, that my child is in good health and physical condition and sufficiently able to participate in the above sport and the camp. I have advised the director of any limitations on my child's/ward's activities for medical reasons in writing below. Knowing and having been informed of the potential dangers and risks associated with playing the above sport, and in consideration of my child/ward being allowed to participate in the camp, I hereby agree on behalf of myself, my family members and my child/ward to assume all such risks and, further, to waive, release, discharge and hold harmless the Grand Slam Baseball, LLC, Grand Slam Baseball Camp, its director and their respective employees from any and all liability, actions, causes of actions, claims or demands for personal injury and/or illness of any kind or nature, and any other claims whatsoever arising out of, or in any way connected with, my child's/ward's playing and participating in the above sport and camp. I fully understand that the camp participant will be held responsible for all property damage. This Release and Waiver extends to all claims of every kind or nature whatsoever, foreseen or unforeseen, known or unknown.

I hereby consent to permit the coaches and staff working at the Grand Slam Baseball Camp to provide emergency first-aid or medical treatment for my child/ward, according to their best judgment, in the event he/she suffers an injury or illness while participating in the camp or on the camp premises. The camp is not responsible for personal items that are lost, stolen or damaged. I also understand that pictures taken at camp may be used in any promotional materials

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Medical Insurance Co.: \_\_\_\_\_ Policy #: \_\_\_\_\_

In case of emergency, call first: \_\_\_\_\_ Telephone #: \_\_\_\_\_

In case of emergency, call second: \_\_\_\_\_ Telephone #: \_\_\_\_\_

**Return completed registration, camp health form & payment to:**

**Keith O'Rourke, Camp Director  
 Grand Slam Baseball Camp  
 299 Meadowridge Road, Shelton, CT 06484**

For more information, call Coach O'Rourke at 203-243-7130 or Email at korourke23@yahoo.com

## Youth Camp Health Exam/Record for Campers and Staff

Physical exams are valid for 3 years from date of last examination!  
Please return completed form to Camp.

Camper     Staff

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Phone \_\_\_\_\_

Guardian \_\_\_\_\_ Address \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Telephone \_\_\_\_\_

Date of Arrival at Camp \_\_\_\_\_ Departure Date \_\_\_\_\_

### TO BE COMPLETED BY THE SPECIFIED MEDICAL PRACTITIONER

Date of Exam \_\_\_\_\_

Check One:

May participate in all camp activities

May participate except for:

\_\_\_\_\_

Medical information pertinent to routine care and emergencies:

\_\_\_\_\_

Is this individual taking prescription medication?     YES     NO

If yes, explain:

\_\_\_\_\_

Does the individual have allergies?     YES     NO    Explain:

Is the individual on a special diet?     YES     NO    Explain:

This camper/staff is up-to-date on all of the following routine childhood immunizations currently recommended by the American Academy of Pediatrics and National Advisory Committee on Immunization Practices.

	YES	NO		YES	NO
Measles	<input type="checkbox"/>	<input type="checkbox"/>	Hepatitis B	<input type="checkbox"/>	<input type="checkbox"/>
Mumps	<input type="checkbox"/>	<input type="checkbox"/>	Diphtheria	<input type="checkbox"/>	<input type="checkbox"/>
Rubella	<input type="checkbox"/>	<input type="checkbox"/>	Pertussis	<input type="checkbox"/>	<input type="checkbox"/>
Chickenpox	<input type="checkbox"/>	<input type="checkbox"/>	Polio	<input type="checkbox"/>	<input type="checkbox"/>
Tetanus	<input type="checkbox"/>	<input type="checkbox"/>			

Comments: \_\_\_\_\_

\_\_\_\_\_

Print name of medical care provider: \_\_\_\_\_

Medical care provider's address: \_\_\_\_\_

Medical care provider's: City/Town: \_\_\_\_\_ ST. \_\_\_\_\_ Zip Code \_\_\_\_\_

Signature of Physician, APRN or PA \_\_\_\_\_

Date Form Signed \_\_\_\_\_ Telephone Number \_\_\_\_\_