Celtic Baseball Camp

2017
July 10th – 13th
9:00am - Noon

Location:
Trinity Catholic High School
26000 SW 42nd St.
Ocala, FL

Celtic Baseball Camp

Camp Registration Form

Players Name: _____ Date of Birth: _____

Player's Address: _____ City: _____ Zip: _____

Parent/ Guardian Name: _____

Home Phone: _____Work Phone: _____ Cell Phone: _____

Emergency Contact Name & Phone #: _____

School and Grade: _____

T-Shirt Size: XL L M S Youth L M S

Make Checks Payable to Tommy Bond To register please call 352-286-3955

About the Coach:

Tommy Bond – Head Coach Trinity Catholic

Playing and Coaching History:

Pitcher Vanguard High School
Florida Gators 4 yrs. - Starting Pitcher
UF Team Captain '96, '97, '98
College World Series '96, '98
SEC Championship 1996 & 1998
Drafted by Pittsburgh Pirates and Anaheim Angels
Head Coach Trinity Catholic High School
District Champs (10 straight) 2004-2013, 2016
Final Four 2004, 2009, 2013, 2014
State Champions 2014

Players that I have worked with:

- Dash Winningham – 8th Rnd pick NY Mets
- Jesse Lepore – Miami
- Brandon Reitz – FSU
- Hunter Ruth – Florida
- Thomas Spinelli – Ole Miss
- Eddie Miller, Alex Merritt, Raff Libunao – UNF
- Kevin Fuller – FL Southern

Current TC Players will also be helping out with camp

Camp Curriculum

Hitting	Bunting	Throwing
Pitching	Relays	Infield Drills
Contests	Games	Outfield Drills
Base Running		

Players will be divided into groups based on age and skill level.

Registration Fee: $100 per player

* Family and Team Discounts available on request.

** Fee includes Camp T-shirt and Insurance.

What to wear/ bring:

Hat, Cleats, Sun Screen, Glove, Bat, Helmet, Water Bottle (Drinking water will be available at all times)

Health Form

We strive to make safety our highest priority but in the event an accident does occur, we will need the player's health information. Please complete, sign and date.

Player's Name: _____ Allergies: _____

Health Insurance: _____ Primary Physician: _____

Policy Holder: _____ Policy #: _____

I, the parent and/or guardian of the enrolled summer camp participant, realize that there is risk of injury to my child during his/her participation in this camp. I release Trinity Catholic High School and the camp coaching staff of any liability due to injury or illness, which may occur to my child while participating in this camp. I also authorize the camp staff to act on my behalf if I cannot be reached in the event of a serious injury.

Parent / Guardian Signature: _____ Date: _____