

Celtic Baseball Camp



2020
July 13th – 16th
9:00am - Noon

Location:
Trinity Catholic High
School
2600 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: _____

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



About the Coaches:

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

High School Final Four 2004, 2009, 2013, 2014

State Champions 2014

Marquez Smith

Clemson University 2-year starter at 3B

8th Round pick of the Chicago Cubs 2007

10-year professional career with the Chicago Cubs, Cincinnati Reds. and Boston Redsox

2008 Defensive player of the year

2014 Minor League RBI Leader

College World Series 2006

Currently Assistant/ Hitting Coach at Trinity Catholic

Dash Winningham

Trinity Catholic High School graduate 2014

Captain of TC State Championship team 2014

8th Round Pick of the New York Mets

5-year professional career

Head Coach of the 11U Celtics Travel Baseball team

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: \$175 per player

* Family and Team Discounts available upon request.

What to wear/ bring:

Hat, Cleats, Sunscreen, 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: _____