

# Celtic Baseball Camp



2021  
July 19<sup>th</sup> – 22<sup>nd</sup>  
9:00am - Noon  
Location:  
Trinity Catholic High  
School  
2600 SW 42<sup>nd</sup> 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

8<sup>th</sup> 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

8<sup>th</sup> Round Pick of the New York Mets

5-year professional career

Head Coach of the 10U 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: \_\_\_\_\_