



# BECKMAN CATHOLIC TRAILBLAZER 1<sup>ST</sup> ANNUAL YOUTH BASEBALL CAMP

SATURDAY, JANUARY 12 , 2019

**Grades 3<sup>rd</sup> – 5<sup>th</sup>**  
**8:00 a.m. – 10:30 a.m.**

**Grades 6<sup>th</sup> – 8<sup>th</sup>**  
**1:00 – 3:30 p.m.**

Learn the fundamentals of the game and how the Blazers prepare for the season. Work on hitting, fielding, pitching and catching skills alongside Blazer alumni, current Blazers and coaches.

**COST: \$30.00 – includes t-shirt**  
**Checks: Beckman Catholic High School**

**Send to: Boys Baseball Camp**  
**Beckman Catholic HS**  
**1325 9<sup>th</sup> St. SE**  
**Dyersville, IA 52040**

**\*\*Please return form by January 4, 2019 (to get a t-shirt)**

**Any questions email Jimmy Boeckenstedt - [jboeckenstedt@beckman.pvt.k12.ia.us](mailto:jboeckenstedt@beckman.pvt.k12.ia.us) or call Beckman at 875-7188.**

---

**NAME:** \_\_\_\_\_ **GRADE (18-19):** \_\_\_\_\_

**PARENT'S:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_ **CITY/ST/ZIP** \_\_\_\_\_

**PHONE:** \_\_\_\_\_ **ALT PHONE:** \_\_\_\_\_

**T-SHIRT SIZE** \_\_\_\_\_ **Circle (Youth) (Adult)**

I certify that \_\_\_\_\_ has my permission to compete in the 2019 Baseball Camp. I hereby accept full responsibility for my child in case of accident and for behavior. I understand that Baseball Camp Coaches, Beckman Catholic High School, or any of its agents or employee's cannot be held responsible in the event of an accident or lost items and do waive and release all right and claims of whatever nature they may be. MY CHILD IS INSURED IN CASE OF INJURY. I agree to the above terms and indicate compliance by my signature.

---

Signature of Parent or Guardian

---

Date