

2025

COMPLETE PLAYER



Baseball Clinic

June 23rd – June 26th

Rain Date June 27th

9:00am – 12:30pm

Grades 2 – 8

At

Palmer Park

Bartley Rd. Long Valley

For More Information

Call

Jim McDermott

908-310-1302

June 23rd – June 26th \$190.00

Call for Family Rates

Program Instruction

Base Running	Pitching
Hitting	Fielding
Infield	Outfield

Players will be grouped according to grade and ability level. Skills will be taught based on each group's ability level.

Daily Schedule

8:45 am	Drop off (in Parking Lot)
9:00 am	Attendance
9:10 am	Go to Fields
9:20 am	Stretch & Throw
9:30 am	Teach 1 st Skill of Day
9:50 am	Teach 2 nd Skill of Day
10:10 am	Group I – Drill Station Work
	Group II – Batting Practice
10:40 am	Group I – Batting Practice
	Group II – Drill Station Work
11:05am	Snack
11:20 am	Review skills of the day
11:25am	Play games
12:30 pm	Camper Pick-up

Participants should bring:

Hand Sanitizer
 Snack and something to drink
 Spikes & Sneakers
 Baseball Pants / Sweatpants
 Bat, Glove & Helmet
 Protective cup

PLEASE PUT NAME ON ALL BELONGINGS

June 23rd – June 26th \$190.00

SORRY NO REFUNDS

A \$75.00 administration fee will be charged for any medically approved refund.

Name: _____

Grade going into Sept 2025: _____

Address: _____

Email Address: _____

Phone (cell): _____

Make Checks Payable To:

Washington Twp. Recreation

Mail To:

Washington Twp Recreation

Attn: Darlene Hatcher

50 Rock Rd.

Long Valley, NJ 07853

Any Questions Please Call

908-310-1302

Please fill out **BOTH SIDES** and return it with your payment by June 13th

SORRY NO REFUNDS

THERE IS A LATE FEE OF \$25.00

FOR ALL REGISTRATIONS

RECEIVED AFTER JUNE 13th

Family Physician and Phone Number:

I have medical insurance with:

Policy # _____

If the participant has individualized needs due to a disability, please check the following and someone will contact you regarding reasonable accommodations.

Yes, I will need to be notified regarding special considerations for my child.

List any special medical conditions camp personnel should be aware of:

List the names and phone numbers of persons we may contacted during the day in the event of an injury requiring emergency medical treatment:

Name	Phone#
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I HEREBY CERTIFY THAT MY CHILD IS IN GOOD PHYSICAL HEALTH AND MAY PARTICIPATE IN ALL CAMP ACTIVITIES. I WILL NOT HOLD THE CAMP OR CAMP PERSONNEL RESPONSIBLE IN THE EVENT OF AN ACCIDENT/INJURY AS A RESULT OF MY CHILD'S PARTICIPATION IN THE CAMP. I ALSO GIVE PERMISSION FOR MY CHILD TO BE GIVEN EMERGENCY TREATMENT AT A LOCAL HOSPITAL

Parent or Guardian Signature

Name of Parent or Guardian (Please Print)

Scheduled Clinic Personnel:

Jim McDermott: Assistant Coach at West Morris High School
Former Head Coach at Mt Olive High School, FDU-Madison & NJIT
Asst at Seton Hall University

Ryan Miller: Asst. Coach at Mendham High School

Tom Reindel: Head Baseball Coach
West Morris High School

Plus other Coaches / Players