



# LAKES

## YOUTH BASEBALL CAMP

Under Eagles Head Coach, Bob Holst, Eagle Baseball continues our tradition of hard work and fundamentals. In his second season as head coach, Coach Holst brings enthusiasm, experience and habit of winning.

**Camp Coaches:** Bob Holst, Head Coach **Current LCHS Coaches & Current Varsity Players**

**Instruction Includes:** Hitting, Throwing, Infield, Outfield, Pitching, Catching and Base Running

**Items to Bring:** Hat, Glove, Bat(if you have one) Long pants preferably, shorts if hot. NO JEANS

**Camp Times:** 10:30am - 12:00 **Location:** Varsity Baseball Field(South side of Grass Lake Rd.)

**Grade Level (Next Fall):** 3-5 age group & 6-8 age group

**Camp Fee:** Early Registration \$60(On or before 6/8) - Late: \$65 - 6/9 or after

**Camp Dates:** Mon. - Thurs June 11-15th (Fri. that week will be make up if bad weather)

**Check In:** First Day of Camp one-half hour prior to your age group's starting time

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**CAMP WAIVER FORM: Parental Consent** - I certify that my child has no injury/illness which would limit his participation in camp and has had a physical examination during the past year. My child will bring proof of a recent physical examination or a doctor's written permission to attend camp. I also authorize the director of the camp to act for me in any emergency requiring medical attention. I hereby release, exonerate and discharge the camp and their employees from any injuries incurred in camp or on the way to camp. I have medical coverage and will be responsible for any medical or other charges related to his attendance at camp. I give my child permission to attend the Lakes Summer Baseball Program.

**Parent's Signature:** \_\_\_\_\_ **Parent's Name(Print):** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Insurance Carrier:** \_\_\_\_\_ **Emergency Contact & Phone:** \_\_\_\_\_

**Athlete's Name:** \_\_\_\_\_ **Address:** \_\_\_\_\_

**Grade School:** \_\_\_\_\_ **Grade Level (Fall 2018)** \_\_\_\_\_

**T-Shirt Size (Please Circle):** Youth: S M L Adult: S M L XL

Please make checks payable to **LAKES COMMUNITY HIGH SCHOOL**

Return completed applications and payment to: Coach Bob Holst([robert.holst@chsd117.org](mailto:robert.holst@chsd117.org))  
Lakes Community High School, 1600 Eagle Way, Lake Villa, IL 60046 Phone: 262-497-7461



