HIGHLAND PARK SCOTS SUMMER BASEBALL CAMP

Tuesday, June 1st – Thursday, June 3rd, 2021

We are excited to announce our 2021 Highland Park Baseball Summer Camp! This camp is designed to teach the fundamentals of the great game of baseball along with having a fun time while out at Scotland Yard. Coach Yoder, Coach Leidner, Coach Roan, Coach Honeycutt and former Scots are excited about the opportunity to teach these skills to every young baseball player attending this year's camp.

With new rules and regulations with COVID, we are making sure we take every precaution necessary to hold a safe and fun camp for your child. This is a three-day camp for \$160.00 and this year, you can pay <u>ONLINE</u>! Walk-ups are welcome and daily rates are available, but you will have to pay in person and not online. There will be a table and a coach there to have you fill out the registration form and payment information. We will take as many walk ups as possible for a small late fee, but please do not think the camp is full. We will split the campers up into small groups on the first day. Every camper, every day, will meet at Scotland Yard for drop off and pick up.

(For more information, please contact Travis Yoder @ 469-569-1901 cell; or email yodert@hpisd.org.)

Camp registration and payment is online this year! Please go to www.scotsillustrated.com and go to summer camps. There you will find all the information you need to sign your child up.

Session One Session Two Session Three

<u>Cost for Camp</u>: \$160.00 per camper, which includes T-shirt and daily prizes.

Parent Name

Parent Signature

Ages:	5-6	7-10	11-14 **Evaluation**	
Incoming Grade:	(K-1 st Grade)	(2 nd Grade – 5 th Grade)	(6 th Grade – 9 th Grade)	
Time:	8:30-11:30	8:30-11:30	12:00-2:30	
Site:	Indoor Facility	Scotland Yard	Scotland Yard	
**Player may be an incoming 9 th grader; may <u>not</u> have completed 9 th grade				
CONCESSION: Sports Drinks and Candy Bars Available, cash only. (PLEASE HAVE THE BELOW FORM FILLID OUT BEFORE CAMP BEGINS)				
NAME:		AGE:	GRADE:	
	(Please print)		(Next school year)	
Email address:		PHONE: ()		
Independent Scho injuries or illnesse select hospital fac	ol District, its Board on the sustantial of the	n of his choice, and authorize tre		

Date