

Angelina College Summer Baseball Camp

Campers will learn fielding, throwing, hitting, base-running, sliding, and pitching fundamentals.

What to bring: *glove, cleats, pants, bat, helmet, and whatever you bring to a baseball game.*

Camp Location: 2508 College Dr. 75901

Ages: 6 to 12

Dates: June 11-13 (3-day camp)

Time: 9 a.m.-12 p.m.

Cost: \$100

For more information about camp, contact

amassiatte@angelina.edu

OBJECTIVE AND COACHING STAFF

This camp is designed to teach ambitious youth the fundamentals, drills and skills to have fun playing baseball.

Head Coach Jeff Livin enters his 22nd year as the leader. He has accomplished over 700 wins in his career, averaging 30 wins each season. Coach Livin has had more than 40 players selected in the major league draft, and four former Roadrunners on major league rosters in 2015.

Assistant Coach Adam Massiatte enters his third season with Angelina College after spending nine years as a head coach in the high school ranks. As the head coach at St. Pius X High School, Massiatte helped mold a powerhouse. His teams won two state championships (2009 and 2012) and finished as state finalists in 2013. In addition, St. Pius won district championships in 2011 and 2012, earning Massiatte the 2012 Private School Coach of the Year award. Massiatte's teams were nationally ranked for two straight years.

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Deadline to register: June 6, 2018

To register, complete and submit the form on the other side of this page.



Angelina College Summer Camp

Name of Camp: _____ **Date(s) and Times:** _____

To register: Print this Camp Registration Form. Complete and mail form and payment to Angelina College, Community Services, P.O. Box 1768, Lufkin, Texas 75902; by fax (936) 633-5478; by email to tscott@angelina.edu; in person at Angelina College, Community Services Building, Room 101;

Summer Hours: Mon.—Thurs. 8a.m.—5p.m. Persons registering by email or fax must use a credit card for payment. Questions? Call 936-633-5206.



DEADLINE to register is the first day of camp.

Camp Participant Information

Camper Full Name: _____
Last First M.I.

Date of Birth: _____ Home Address: _____

Home Phone: _____ Emergency Phone: _____

Email Address: _____ School: _____

Purpose: (circle one) Men's Basketball Women's Basketball Softball Baseball Men's Soccer Women's Soccer

T-shirt Size: Youth / Adult (please circle) S M L XL XXL (please circle)

Waiver Release

I/We the undersigned hereby certify that I (we) am (are) the parent or legal guardian of the camper. I hereby give my permission to the staff of the camp to seek during the period of the camp the appropriate medical attention for the camper and for medical attention to be given and for the camper to receive medical attention in the event of accident, injury, or illness. I will be responsible for any and all costs of medical attention and treatment.

I/We, the undersigned, for ourselves and as guardian(s) of: _____ (camper's name) understand that sports involve activity and physical injuries can take place during play. I/We the undersigned for ourselves, our heirs, executors and administrators, waive, release and discharge the camp coaches and its staff, officers, employees, representatives and successors and assign of and from all rights and claims from damages, injury or loss to person or property which may be sustained or occur during participation in the camp or while at camp.

All campers must provide proof of insurance coverage for any injury or sickness incurred while attending the sports camp. I waive and release Angelina College and any camp instructors from any liability from injury or illness incurred going to camp from home or while at camp or returning home. I, as parents/guardians, have actual knowledge and appreciation of the particulars of the program and hereby voluntarily consent to said minors' participation, and assume the risk arising there from. I hereby give my permission for emergency medical treatment in the event I cannot be reached.

Camper Name: _____ Parent/Guardian Signature: _____

Payment Information

Pay by credit card or check when submitting this form.

Check # _____ Camper Name: _____ SID#: _____

Driver's License #: _____ Date of Birth: _____

Phone #: _____ Employment: _____

Card: (circle one) Visa MasterCard Discover American Express

Card Number: _____ Exp. Date: _____ Security Code: _____

Billing Address: _____
Zip Code

Cardholder's Signature Required: _____
Signature Printed