

2023 Spring Training Day Camp

benefiting the **FOOTHILL HIGH SCHOOL BASEBALL Program**

Featuring "on the field" group and individual instruction. The day will include proper warm-up procedures, conditioning, infield and outfield skills, catching techniques, the art of hitting, base running, and the proper mental approach to baseball.

*****FRIDAY JANUARY 6TH*****

(Rain make up day is Sunday January 8)

Tim O'Donoghue, Camp Director, is a former Head Varsity Baseball Coach, Owner of Tim

O'Donoghue's Orange County Baseball Camp and Principal at Hillview High School. He has over 45 years of coaching experience...during the 4 years he served as head coach, the Tillers won the CIF championship, 2 league championships, and qualified for the play-offs every year. He was named CIF Coach of the Year. "Coach O'D" is considered one of the top high school and youth coaches in Orange County. His success also includes "Back to Back" Little League All-Star State Championships. Foothill coaches, varsity and JV players, will be joining Coach O'D on the field.

Player Name: _____ Age: ____ Birth Date: ____ / ____ / ____

Address: _____ City: _____ Zip: _____

T-Shirt Size (circle): Youth Medium Youth Large Adult Small Adult Medium Adult Large Adult X-Large

size not guaranteed if application is received after December 31st

Email Address for confirmation: _____

Emergency Phone Number: () _____

I hereby authorize the staff of the Orange County Baseball Camp and the Foothill Baseball Program to act for me in any emergency, and I hereby waive and release the Baseball Clinic and/or Foothill High School and Tustin Unified School District from any and all liability for any injuries or illnesses sustained during any session. I understand that this application for enrollment must be accompanied by a payment, which will only be refunded if enrollment in the clinic is full and this application is not accepted, or if the clinic is cancelled in its entirety. The Clinic Staff or the Tustin Unified School District will not be responsible for lost or stolen items.

Parent/Guardian Signature : _____

Date: _____ Medical Concerns/Allergies: Yes/No _____ **If yes, use back of form to explain.**

TAX ID# 91-2171069

For office use only: Check # _____

Amount: _____