

CAMP STAFF AND SPEAKERS

Mike Franklin

Head coach Catoctin High School. Guided CHS to State Championship game in 2002,2003,2009 and 2013. Won Regional Championships in 2002,2003, 2004, 2006,2009,2013. Won State Title in 2013. 2002 FNP "Coach of The Year." 2004 FNP "Coach of The Year. 2013 Maryland Coach of the Year. "Former college assistant coach and 1st Team All JuCo player. Instructor for numerous camps (Baltimore Oriole Winter Camp, Cal Ripken Baseball School, Quad States, MSM College, Diamonds in the Rough)

Will Delawter

Will is a former CHS standout. He was the 2004 Frederick county player of year, Junior college All-American, UMBC MVP, Division I All-American watch list, and on & on. Will also made the All-Academic team.

Tyler Ausherman

Tyler is our JV baseball coach and former player in our program. Tyler is a real student of the game and an up and coming coach. He is also an outstanding math teacher at CHS.

- Many high school players past and present will be helping the kids with their skills.

* These materials are neither sponsored or endorsed by the Board of Education of Frederick County, the superintendent, or Catoctin High School.

www.chsbaseball.com

Please make checks payable to:
Catoctin Boosters.
Send check & form to:
CHS Athletic Boosters
Attn: Baseball Camp
14745 Sabillasville Rd.
Thurmont MD, 21788

2018 CATOCTIN BASEBALL CAMP



1 Camp Only This Year

Monday June 25th– Thurs 28th

**Catoctin High School
Time: 8AM—12PM**

www.chsbaseball.com

CAMP PHILOSOPHY

Our philosophy is to teach every player the most important fundamentals of the game needed to build on.

Specific form on fielding ground balls, catching fly balls, throwing and hitting mechanics. Solid fundamentals allow players to maximize their abilities. If players have these fundamentals at a young age, they will excel as they get older and stronger.

CAMP INFO:

AGES: 5-13

COST: \$120 PER Camper

Checks Payable To: CHS BOOSTERS

SITE: CHS FIELD. WE WILL USE THE INDOOR FACILITIES IF IT IS RAINING

EQUIPMENT: BRING GLOVE, BAT, WATER BOTTLE. PANTS & CLEATS IF POSSIBLE. WE WILL NOT BREAK FOR LUNCH.

Name of Applicant

Individual Medical Insurance

Coverage for accidental injury is required by all participants. In most instances, family health insurance is adequate. Please indicate your family health insurance plan below.

Health insurance company:

Policy authorization number:

Medical Treatment authorization

I/we being the participant/ legal guardians of the applicant, authorize the Catoctin baseball camp and its employees permission to perform/request medical help as necessary to ensure the well-being of our dependent.

Parent/Guardian Signature:

Waiver and Release:

We, the undersigned, for ourselves, our heirs, executors and administrators, waiver, release and forever discharge the Catoctin Baseball camp and its staff of and from all rights and claims for damage to person and property which may be sustained or occur during the participation in camp activities, or from camp, whether paid damages, injury, or loss due to negligence or not.

Parent/Guardian Signature :

Date: _____

REGISTRATION FORM

Cost is \$120 Per camper.

Name _____

AGE _____

ADDRESS _____

Email address: _____

DAYTIME PHONE DURING CAMP
HOURS _____

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Attn: Baseball Camp
14745 Sabillasville Rd.

Email: michael.franklin@fcps.org