



LEHIGH UNIVERSITY BASEBALL

SUMMER CAMP 2017



Sean Leary, Camp Director

Head Baseball Coach

- 2006, 2010 Patriot League Coach of the Year
- 2006, 2015 NCAA Regional Appearances
- 3 Consecutive Patriot League Tournament Appearances
- Coached 7 All-Americans at Lehigh

Method of Instruction

Our staff will provide individualized instruction emphasizing the basic fundamentals of the game.

Offensive & Defensive Instruction

Pitching Baserunning

Campers will have the opportunity to put the skills learned in camp into action daily with a variety of different drills focused on enhancing overall performance!

Camp Staff

The 2017 camp staff will include highly qualified Division I, II, and III coaches and players.

Log on to www.lehighsports.com to register and for:

- Directions
- Check-in information
- Health Form and Waivers (required for all campers)

All Skills Camp - Week 1

Ages **6-15**
Date **June 19-23**
Time **Mon-Thurs 9am-2pm**
 Fri 9am-1pm
Cost **\$195 per camper/week**

All Skills Camp - Week 2

Ages **6-15**
Date **June 26-30**
Time **Mon-Thurs 9am-2:00pm**
 Fri 9am-1pm
Cost **\$195 per camper/week**

Tentative Schedule for All Skills Camps

8:45-9:00	Arrival and Roll Call
9:00-9:30	Warm-up & Stretch
9:30-10:30	Individual Instruction Stations
10:30-11:15	Drills & Skills
11:15-11:45	Guest Speaker & Skills Talk
11:45-12:30	Lunch & Baseball Trivia
12:30-2:30	Games

Camp Will Provide:

Helmets, Bats, Catching Gear, Balls

Campers Should Bring:

Gloves, Spikes, Hat, Water Bottle, Lunch, Bat (optional)

Payment Methods:

Sign up Online and pay with Credit Card

Send us a check (written to Lehigh University)

For office use only:

All Skills Camp

(BA1) June 19-23 \$195

(BA2) June 26-30 \$195

All information spaces must be completed for enrollment. Please print clearly.

Name: _____ Email: _____

*Registration confirmation and other camp information will be sent via email. Please indicate if you do not have email.

Address: _____

City: _____ State: _____ Zip: _____

Parents Name: _____

Home Phone: (____) _____ Work Phone: (____) _____

Emergency Contact: _____ Phone: (____) _____

Adults Authorized to Pick up Camper: _____

Grade as of June 2016: _____ Age: _____ Birthdate: ____/____/____ Position(s): _____

T-Shirt Size: YS YM YL AS AM AL AXL

For Full Refund Policy or to Register Instantly On-line, check out www.lehighsports.com

Please make checks payable to:

Lehigh University Summer Camp

641 Taylor Street

Bethlehem, PA 18015

* Campers will only be released to authorized adults with ID