



# 2021 Brighton Baseball Camps



Grades 3rd-9th w/ Coach Christner, staff & players  
July 19th, 20th, & 21st (July 22nd rain out date)

Players will learn the fundamentals of: Hitting, Fielding, Catching, Pitching, and Base Running from Coach Christner, along with current and former Brighton Baseball players, including BHS alumni playing college baseball and current coaches. Our goal with this year's camps is to get the boys on the field to work on their game and improve their skills. **This year each camper will receive a Brighton baseball t-shirt.**

**Ages:** Players entering 3rd-6th & 7th-9th Grades

**Dates:** July 19th, 20th, & 21st (July 22nd make up rain out date)

**Time:** *Session 1* (3rd-6th) **July 19th, 20th, & 21st 9:00-11:00am**

*Session 2* (7th-9th) **July 19th, 20th, & 21st 11:15-1:15pm**

**Cost:** \$90.00

**Location:** Brighton High School Baseball Field

**Equipment:** baseball glove, bat, helmet, athletic wear, and cleats or tennis shoes

**Contact:** Coach Christner, at [ChristC@brightonk12.com](mailto:ChristC@brightonk12.com) Please email the completed form to the above email in order to receive a spot in the camp. Checks (**payable to BYBSP**) or credit card will be accepted. You can mail registration and check to 5540 Nicholson Rd. Fowlerville, MI 48836 **YOU MAY CALL IN YOUR CC INFO TO CHERYL ROYSTER IF YOU PREFER: (810) 299-4142**

CC Number \_\_\_\_\_ Exp \_\_\_\_\_ CVC CODE \_\_\_\_\_

Name on Card: \_\_\_\_\_

Signature: X \_\_\_\_\_

I authorize credit card payment on this order.

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Name: \_\_\_\_\_ Grade: \_\_\_\_ Camp: \_\_\_\_\_ Shirt Size: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

\_\_\_\_\_ E-mail Address: \_\_\_\_\_

*Campers must provide their own insurance. I hereby authorize the Brighton Boys Baseball Youth Camp personnel to act for me according to their judgment in any emergency requiring medical attention for my child.*

Parent/Guardian Signature \_\_\_\_\_

Type of Insurance \_\_\_\_\_ Policy # \_\_\_\_\_

*I don't hold the personnel, Brighton Area Schools or anyone associated with the Brighton Baseball Youth Camp responsible for any injury occurring to my child while under their direction.*

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_