

CAMP REGISTRATION INFORMATION

EARLY BIRD REGISTRATION

\$100.00 PER CAMPER IF YOUR REGISTRATION IS RECEIVED BY

June 10, 2021. After June 10th, your total tuition of \$125.00 or a NON-refundable deposit of \$50.00 must accompany this application. A \$30.00 returned check fee will be applied to all returned checks. Family Rate: \$100 1st camper. 2 campers = \$175, 3 campers = \$225 etc.

Make checks payable to "Warrior Baseball"



Hustling is an Attitude



Brenden Henn ('21)

Pennsylvania State University—Harrisburg

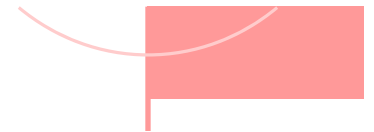


Cameron May ('21)

William Patterson University



WARRIOR BASEBALL CAMP 2021



**Delaware Valley High School
Monday June 21 - Thursday June 24
9am-2pm
Ages 5-14**

Camp Director Sean Giblin

Coach Giblin has been part of the Delaware Valley baseball program for 25 years. He is a 1996 graduate of DVHS. After a college baseball career at Western Maryland College, he returned to the Warrior Baseball program. He is currently in his first year as head coach at DV. He has split his experience as the Head Junior Varsity and Assistant Varsity Coach. He has also led the Milford American Legion team to two District 11 Junior Legion Championships ('02-'03) and a District 15 American Legion Championship ('10).



**Delaware Valley Warriors
2006 PA State AAAA Baseball Champions**

The Coaching Staff:

Coach Jim Donnelly

Assistant Varsity Baseball Coach.

Coach Jeff Luhrs

Head Junior Varsity Baseball Coach.



Sharpen your
skills

Numerous current and former members of the Delaware Valley Baseball program will also be here to coach the campers.

Lukas Schutz ('21)

Lock Haven University



CAMPER REGISTRATION FORM

Please mail this completed form to:

Delaware Valley High School

C/O Sean Giblin

252 Route 6 & 209

Milford, Pa 18337

Full tuition amount due at registration.

Camper name _____

Age _____

Phone# _____

Emergency contact/ phone# _____

Address _____

Email _____

Shirt Sizes CIRCLE ONE

Youth Large

or

S M L XL XXL (adult sizes)

Allergies/conditions that would affect the camper's ability to participate _____

I hereby authorize the directors, nurses, trainers and staff members of the WARRIOR BASEBALL CAMP to examine, interview, test and if necessary treat my child as they seem advisable and disclose such information to other responsible officials as necessary. The WARRIOR BASEBALL CAMP is covered by a limited insurance policy. I will be responsible for any medical charges in connection with my child's attendance / participation at camp. I have read and agree with the rules and regulations of the WARRIOR BASEBALL CAMP.

Signature _____

Relationship _____

Date _____