



# BROTHER MARTIN HIGH SCHOOL HOLIDAY BASEBALL CAMP



*Come get a head start on the upcoming baseball season by attending Brother Martin High School's Thanksgiving Baseball Camp. The camp will be a three day event with an emphasis on basic fundamentals and skills to help prepare players for their upcoming seasons. Drills in throwing, hitting, fielding, and baserunning will be conducted daily. Players of all ability levels are welcome to attend.*

**Boys 6-12 • November 19 - 21**  
**9:00 am - 12:00 pm**  
**Brother Martin High School Farley Field**  
**\$100 per camper (includes camp T-shirt)**

*Please bring: Glove, cleats, baseball pants or sweatpants, sleeves or sweatshirt, hats, bats, catchers can bring their equipment, and tennis shoes in case of bad weather.*

*Camp space is limited to the first seventy-five players.*

The camp will be conducted by the Brother Martin Baseball Varsity coaching staff and players. Please turn in all registration and payments by Friday, November 16th.

If there are any questions, feel free to contact  
 Coach Jeff Lupo at 504-283-1561 ext. 3082  
 or via email at [jlupo@brothermartin.com](mailto:jlupo@brothermartin.com).

*Checks made payable to Brother Martin High School can be mailed in or dropped off at:*  
*Brother Martin High School c/o Mark Wisniewski*  
*4401 Elysian Fields Ave. • New Orleans, LA 70122*  
*Online registration available for credit card users at [www.brothermartin.com](http://www.brothermartin.com)*  
*and the Athletics Baseball Homepage*

## HOLIDAY BASEBALL CAMP

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Position(s) \_\_\_\_\_  
 Parent or Guardian \_\_\_\_\_  
 Legacy Name (Father, Grandfather, Brother) and Grad Year \_\_\_\_\_

Phone Number (Home) \_\_\_\_\_  
 (Cell) \_\_\_\_\_

Email \_\_\_\_\_  
 Grade \_\_\_\_\_ Age \_\_\_\_\_  
 School Attending \_\_\_\_\_

**T- Shirt Size (Circle One):** YL AS AM AL AXL

### IN THE EVENT OF AN EMERGENCY (MUST COMPLETE)

Name (Other than Parent) \_\_\_\_\_  
 Relationship to Minor \_\_\_\_\_  
 Phone \_\_\_\_\_  
 Family Physician \_\_\_\_\_  
 Physician's Phone \_\_\_\_\_  
 Physician's Address \_\_\_\_\_  
 Insurance Company Information \_\_\_\_\_  
 Primary \_\_\_\_\_  
 Policy Number \_\_\_\_\_  
 Hospital \_\_\_\_\_  
 Allergies, Reactions, or Other Comments \_\_\_\_\_

### PARENTAL CONSENT

I hereby give written permission for my child to attend Holiday Baseball Camp at Brother Martin. As a parent/guardian, I do hereby authorize the treatment by a qualified and licensed medical doctor in an emergency which, in the opinion of the attending physician, may endanger his life, cause disfigurements, physical impairment, or undue discomfort if delayed. This authority is granted only after a reasonable effort has been made to reach me.

Enrollment of a child in Brother Martin Holiday Baseball Camp constitutes the consent of his parents or guardians for the student's name, voice or likeness to be used in news publications, audio-visuals, and other electronic transmissions including the school's website.

I hereby give permission for my child to be transported by school bus to and from off-campus field trips.

\_\_\_\_\_  
 Parent's Signature Date