

ABOUT THE CAMP:

The PCS Bobcat baseball team, coaches and staff would like to invite you to our 2019 Winter Baseball Camp. The camp is designed for kids in grades 2 through 8 who truly want to improve their individual level of play. Camp will begin at 9 a.m. and conclude at 3 p.m. Drills will focus on all skills including throwing, fielding, hitting, baserunning, pitching and catching. Lunch will be provided both days. We look forward to working with each camper and provide the best instruction available.

-Jarrett Hoffpaur
PCS Head Baseball Coach

STAFF

Head Coach: Jarrett Hoffpaur
Asst. Coach: Eric Dyess
Asst. Coach: Phil Smith
Asst. Coach: Pat McGee

What to Bring:

- Bat & Glove
- Tennis shoes and cleats
- Athletic shorts or pants / baseball pants
- Hat

Ages & Time:

Grades 2nd – 8th
January 2nd and 3rd
9am-3pm both days

Check-in & Late Registration begins
Wednesday, January 2nd @ 8:00
a.m.

Cost:

\$100
Payment for camp includes instruction,
t-shirt, & lunch for both days

For more information, please
contact Jarrett Hoffpaur

(601) 329-9897

OR via email jhoffpaur@pcsk12.org

2019 Winter Baseball Camp Application

Name: _____

Grade: _____

School: _____

Phone: _____

Parent's Name: _____

Age: _____

Primary Position: _____

Secondary Position: _____

T-shirt size:

YS YM YL S M L XL

MAKE CHECK/MONEY ORDER PAYABLE
TO: **PCS BASEBALL**

PLEASE SEND THIS APPLICATION
& PAYMENT
TO THE ADDRESS LISTED BELOW.
Thank you!

PCS ATHLETIC OFFICE
221 Bonhomie Rd
Hattiesburg MS 39401

PARENTAL PERMISSION

Name: _____

List any physical condition that camp officials should be aware of:

The undersigned (parent or guardian if under 18 years of age) understands that the applicant will be engaging in physical activity during the program which contains an inherent risk of physical injury and the undersigned assumes this risk & releases and holds harmless PCS, its officials, Trustees, and employees, including specifically all persons employed or hired by PCS to conduct the winter baseball camp, from any and all liability for personal injury or property damage arising out of the applicant's participation in the baseball camp. I hereby grant permission for my child to attend the PCS Winter baseball camp and to be treated by a licensed physician or trainer in the event of an injury, illness, or other mishap.

Parent's Signature:

Emergency Number: _____

Date:

COACH JARRETT HOFFPAUIR
BOBCAT BASEBALL CAMP
221 BONHOMIE RD
HATTIESBURG, MS 39401

PCS

2019 Winter

Baseball Camp

