

SALADINO

BASEBALL ACADEMY

BUILDING A CHILD'S CONFIDENCE THROUGH SPORTS

General Information

Saladino Baseball Academy

www.saladinobaseballacademy.com

Phone Number (813) 684-UCAN (8226)

Baseball instruction is headed by Tony Saladino III and Donny Scolaro.

Softball instruction is headed by Melissa Sigmon.

Private lessons available.

Hitting lessons

Pitching lessons

Fielding lessons

Catching Lessons

\$50 per hour for groups of four (4)

OR

\$60 per hour for individual

Special Advisor/Consultant is Tony Saladino Jr.

Summer Camp is located at:

South Brandon Little League
800 S. Parsons Avenue
Brandon, FL 33511

Ages: 6 & Up (Age appropriate groups)

Times: Full Day 7:30AM – 5:30PM

Half Day 9:00AM – 2:00PM

Campers are to bring their own baseball equipment (i.e. glove, hat, cup and cleats).

(Please note that campers MUST be equipped with a protective cup to participate)

Campers are to bring their own BAG lunch. We will provide one snack for half day campers and two snacks for full day campers. We will also provide drinks for their water breaks every 15 - 20 minutes.

776 W. Lumsden Road, Suite 106
Brandon, FL 33511

Phone Number: (813) 684-UCAN

Fax Number: (813) 657-2311

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Itinerary

7:30am – 9:00am	Campers arrive, sign in and go to the clubhouse for: baseball/softball rules and trivia, baseball bloopers, video tutorials, etc... (All baseball related).
9:00am – 9:20am	Campers stretch and warm up.
9:20am – 11:40am	Baseball drills (both group & individual), snack and water break.
11:40am – 12:15pm	Lunch (campers bring their lunch), drinks provided. Baseball conversation during lunch.
12:15pm – 1:50pm	Play the daily “instructional game”.
1:50pm – 2:00pm	Discuss “instructional game”, give awards.
2:00pm	Half day campers are picked up and signed out.
2:00pm – 2:15pm	Snack and water break.
2:15pm – 3:15pm	Play our baseball video game tournament in the clubhouse.
3:15pm – 4:30pm	Outdoor activities: batting cages, wiffle ball games, homerun derby, kickball, etc...
4:30pm – 5:30pm	Indoor activities: baseball bloopers, children sports movies, baseball rules and trivia, etc...
5:30pm	Full day campers are picked up and signed out.

We try to keep a good outdoor/indoor balance due to the heat. Also, the water breaks will be approximately every 20 minutes to keep campers hydrated. On rain days, we will adjust the schedule.

****SCHEDULE IS SUBJECT TO CHANGE WITHOUT NOTICE DUE TO WEATHER****

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Enrollment Application

Student's Last Name: _____ First: _____

Date of Birth: _____ Age: _____ Shirt Size: _____ Male _____ Female _____

Address: _____ City: _____ Zip: _____

Father's Name: _____ Mother's Name: _____

Home Number: _____ Home Number: _____

Cell Number: _____ Cell Number: _____

Work Number: _____ Work Number: _____

Email Address: _____ Email Address: _____

Current School Attending: _____ Grade: _____

Program (Check One): After School: _____ Summer: _____ Spring Break: _____

Thanksgiving Break: _____ Winter Break 1: _____ Winter Break 2: _____

Sport (Check One): Baseball: _____ Softball: _____

Type (Check One) Half Day: _____ Full Day: _____

Session Choice: _____

Who should be contacted **FIRST** in case of emergency? (Check One) Mom ___ Dad ___ Other: _____

EMERGENCY CONTACTS/INDIVIDUALS AUTHORIZED TO PICK UP STUDENT

(Please list in the order individuals should be called for an emergency. Identification is required)

Name: _____ Phone Number: _____ Relationship: _____

Name: _____ Phone Number: _____ Relationship: _____

Name: _____ Phone Number: _____ Relationship: _____

Name: _____ Phone Number: _____ Relationship: _____

Any health problems that we should be aware of: _____

***Allergies** (if no allergies, please specify *none*): _____

PLEASE NOTE: We cannot dispense any medication in the office (aspirin, Tylenol and ibuprofen included) without a doctor's prescription. All medication must be in the original container and labeled with your student's name.

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GENERAL RELEASE OF LIABILITY

I authorize Saladino Baseball Academy to arrange for emergency medical treatment for _____ (child's name) in my absence. I will assume all financial responsibility for emergency transportation and treatment for _____ (child's name). I will not hold Saladino Baseball Academy or any of it's employees responsible or liable for any injury to _____ (child's name) that may result from participation in the Saladino Baseball Academy program.

Child's Name: _____

Parent Name: _____

Parent Signature: _____

Date: _____

****Parents must sign for children to participate****

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Photo/Video Release

I/we authorize Saladino Baseball Academy to take photos and/or video of _____ (child's name) for instruction and/or marketing purposes.

Indoor Activities Permission

I/we grant permission to _____ (child's name) to participate in Saladino Baseball Academy's indoor activities, which consist of: Children's sports movies (G or PG), baseball video games and baseball/softball history, rules and trivia.

Refund Policy

I/we acknowledge that there will be no refunds and/or credits given for any camper who attends one (1) day (full or part) of camp for any reason. Saladino Baseball Academy will issue a refund for campers who have paid in advance and do not attend one (1) day of camp, less a processing fee of \$25 per camper.

Emergency Communication Plan

In case of emergency, such as a hurricane, please visit our website at www.saladinobaseballacademy.com for any information regarding possible amended hours or closures.

Child's Name: _____

Parent Name: _____

Parent Signature: _____

Date: _____

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Discipline Policy

In keeping with our baseball theme, the Saladino Baseball Academy utilizes a “three strike” discipline policy. Please note that strikes will be given only as a last resort. We will handle any and all minor issues internally with “time outs” from the current activity.

Some examples of strikes are profanity, repeated misconduct, disrupting other campers, physical contact, etc.

Strike 1: Camper will receive a lengthy time out and parents will be notified.

Strike 2: Camper will sit out during the “instructional game” and the parents will be notified of a mandatory consultation.

Strike 3: Camper will get expelled for the remainder of the current session. There will be NO REFUNDS AND OR CREDITS given.

Please sign below to verify that you have read and understand this policy.

Child's Name: _____

Parent Name: _____

Parent Signature: _____

Date: _____

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Department of Parks, Recreation and Conservation
Hillsborough County, Florida

YOUTH SPORTS PARTICIPATION
MEDICAL RELEASE FORM

Parents - Please read carefully and sign either Part I or Part II.

PART I

The undersigned, as parent or legal guardian of (print name of child) _____
hereby consents to the following in the event (print name of child) _____
is injured during his or her participation in youth sports:

Agents or officials of the youth organization in which (print name of child) _____
participates may administer first aid or arrange for transportation to a medical facility if the agent or official
deems there to be an emergency. At that time, medical treatment may be given to (print name of child)
_____ including but not limited to anesthesia and emergency surgical
treatments as deemed necessary by a qualified physician at the medical facility.

No action shall be taken until an attempt is made to contact me at the phone number(s) listed below.

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Parent or Guardian Name (please print) _____ Parent or Guardian Signature _____

STATE OF FLORIDA The foregoing instrument was acknowledged before
me on this _____ day of _____, 20____, by

COUNTY OF HILLSBOROUGH _____ who is personally
known to me or who has produced _____ as
identification and who (did) or (did not) take an oath.

Print Name Notary Public

PART II

The undersigned, as parent or legal guardian of (print name of child) _____,
I do not desire to sign the medical and release form above.

Parent or Guardian Name (please print) _____ Parent or Guardian Signature _____

PLEASE NOTE: If Part I is not signed, the child will not be allowed to participate.

**Department of Parks, Recreation and Conservation
Hillsborough County, Florida**

INFORMED CONSENT/GENERAL RELEASE - YOUTH SPORTS PARTICIPANTS

This is a release of liability. Please read carefully before signing.

Since participation in youth sports activities can be dangerous, Hillsborough County requires all participants (and their adult parent(s) or guardian(s) to assume all risks associated with youth sports by signing this general release.

For and in consideration of my child being permitted to participate in HILLSBOROUGH COUNTY youth sports activities, I hereby voluntarily release, discharge, waive and relinquish any and all claims or actions for damages for personal injury, permanent disability, death, or property damage which I or my child may have, or which may hereafter accrue to me or my child, as a result of my participation in youth sports activities during play and while I am at the facility while others play or for any other reason. This release is intended to discharge, in advance, HILLSBOROUGH COUNTY, its officers, employees and agents, the Saladino Baseball Academy, LLC., its officers and agents, and the owners and maintainers of any facility used for the activities, from any and all liability arising out of or connected in any way with my child's participation in sports camp/clinic activities, even though that liability may arise out of negligence or carelessness on the part of HILLSBOROUGH COUNTY, its officers, agents or employees and the Saladino Baseball Academy, LLC., its officers and agents.

I further understand that serious accidents occasionally occur during youth sports activities, and that participants occasionally sustain serious personal injuries, death or property damage as a consequence thereof. Knowing the risks, I have voluntarily applied for my child to participate in the activity and thereby agree to assume those risks to release and old harmless HILLSBOROUGH COUNTY, its officers, employees or agents and the Saladino Baseball Academy, LLC., its officers and agents used for the activity, who (through negligence or carelessness) may otherwise be liable to me or to my child (or my heirs or assigns) for damages.

I further understand and agree that this release, discharge, waiver, and assumption of risk is to be binding on my and my child's heirs, executors, administrators and assigns.

I further agree to indemnify and to hold harmless HILLSBOROUGH COUNTY, its officers, employees and agents and the Saladino Baseball Academy, LLC., its officers and agents from any loss, liability, damage, cost or expense which they may incur as a result of any injury or property damage I or my child may sustain while participating in the activity.

I agree to comply with the program's stated and customary terms and conditions for participation according to Saladino Baseball Academy, LLC., If I observe any significant changes with regard to my child's readiness for participation in the program, I will remove my child from the program immediately.

I have read this Informed Consent/General Release, fully understand its terms, that I give up substantial rights by signing it, and sign it voluntarily.

Signature of Parent: _____ Date: _____

Address: _____ City: _____ Zip: _____

**This document is a Release of Liability which affects the rights of you and your child.
Please read the document carefully before signing.**

I have read this Informed Consent/General Release and I understand the seriousness of the risks involved in participating in this program, my personal responsibilities for adhering to rules and regulations, and accept them as a participant. (To be signed by all players who are league age 12 and older.)

Name of Participant (Print): _____ Date of Birth: _____
Participant's Signature: _____ Date Signed: _____
Team Name: _____