

# 2024 Tigers

## Boys Baseball Camp

### **Camp Director:**

### **Ryne Young**

Carroll Head Baseball Coach (712) 253-3895 \*\*\*\* ryoung@carrolltigers.org



#### Date & Time: Saturday April 20th, 2024

3rd-7th 10:00-12:00
Camp will be held at the
Little League Baseball
Complex

\*\*Please check in 10-15 minutes prior to the start of camp\*\*

#### Registration:

The Tiger baseball camp is open to all boys who are currently in 3rd-7th grade. (You do not need to attend the Carroll School District to attend this camp.)

#### Camp Fee:

\$25 (includes camp t-shirt)

<u>Make checks payable to</u>

<u>Ryne Young</u>

#### **Camp Features:**

Campers will receive instruction in throwing, fielding, hitting, and pitching.

Also they will get to play a short baseball game against other campers.

#### **Coach's Experience:**

Coach Young has 20 years of playing and coaching baseball both at the high school and collegiate levels. Coach Young has led the Tigers to 41 wins and has made the Tigers competitive in all games.

#### Camp Philosophy:

Campers will learn the fundamentals of baseball by

having a ball in their hands and a bat in their hands while receiving instruction.

Campers will love the game of baseball because after all it is just a game. An important part of becoming a good player is loving the game enough to want to practice, play, and compete.

#### What to bring:

A baseball glove
Your own bat and helmet (if
you have your own)
A good attitude and a good
effort


### Tiger Baseball Camp Registration

Please return registration and camp fee to Ryne Young at 1618 5th Ave. N Denison IA, 51442 or to Carroll Middle school to Coach Josh Lucken **by Thursday April 4th, 2024.** 

Name		Grade		
Address				
Parent's Name				
<b>Emergency Phon</b>	ne #	T-Shirt Size	Youth OR Ac	fult (please circle adult or youth)
Email				•
I hereby request	that you accept this	s application for enrollmer	nt in the Tiger Bas	eball Camp during the date set
forth in this applic	cation. In considera	ition of your acceptance I	hereby release C	oach Young, Carroll School
District, the city o	f Carroll and all of	their employees from all o	claims on account	of any injuries which may be
sustained by our	son while attending	g camp. I also certify that	our son is medica	lly fit to participate in camp.
Date	Signed			(Parent or Guardian)