

Camp Director



Donald Schaffer
Head Baseball Coach
Athletic Department
Recruiting Coordinator

Don Schaffer was named the head baseball coach at Southern Vermont College in the summer of 2007. Coach Schaffer comes to the Mountaineers after being assistant coach and recruiting coordinator, for eight years at Division II, Post University, in Waterbury, Conn. While there, Coach Schaffer helped turn around a declining program and coached seven all-conference players. Coach Schaffer has coached for 33 seasons, including semi-pro, AAU junior olympic and high school varsity teams. A lifelong catcher, Don played high school and college baseball in his native New Jersey. Coach Schaffer's teams are known for their hustle, hard work, baseball smarts and passion for the game. Coach Schaffer has also been a nationally certified umpire for 17 years.

General Information

- Ratio of no more than eight campers per instructor.
- Individual instruction geared to each age group.
- Camp t-shirt for each participant.
- On-site trainer.
- Team instruction by SVC coaches and players.
- All instructions will emphasize the right way to play the game.
- Highly planned out and well-run drills and games.
- All participants should bring a baseball hat, glove, baseball cleats or sneakers, as well as water/Gatorade and a healthy snack.

**COST IS \$95 FOR EITHER SESSION (by age).
FAMILY OR TEAM DISCOUNT AVAILABLE.**

For more information on the Southern Vermont College Baseball program, call Coach Schaffer at 802-447-4662 or e-mail dschaffer@svc.edu.

Mountaineers Baseball Camps
Southern Vermont College
982 Manston Drive
Bennington, VT 05201-6002



Baseball Camps



July 28 - August 1, 2008

Ages 7-12

9 a.m. - 12 p.m.

Ages 13-18

1-4 p.m.

*All camps are coed
and cost is \$95.*

2008 Baseball Camp Registration Form

Camp Options *(Check One)*

- Ages 7-12
- Ages 13-18



Payment

- I have enclosed a check for the full amount of \$95.

Name _____

Address _____

City _____ State _____ Zip _____

Home Telephone _____ Age _____

Grade in September '08 _____ School _____

Shirt Size *(Circle One)*: Adult: S M L XL Youth: M L

Emergency Contact _____

Emergency Phone _____

Signatures on this registration form signify that each parent or guardian has read and understands all information:

I understand that while participating in Southern Vermont College (SVC) Sports Camps, my son/daughter will be engaging in physical activity which contains an inherent risk of physical injury. I agree to hold harmless and indemnify SVC from any claim, and from any liability, loss, damages or expenses (including attorney's fees) resulting from a claim, brought by myself for loss or damage caused by conduct or negligence on the part of my son's/daughter's participation. I also understand that in signing this document, I surrender all rights to make a claim or file a lawsuit against SVC for personal injury, property damage, wrongful death, products liability, breach of contract, or under any other legal theory, except in the cases of intentional wrongs or the gross negligence of SVC. I grant permission to the camp director and camp medical staff to seek medical treatment for my child in the event of illness or injury. I further grant permission to the attending staff at a recognized medical facility to provide appropriate medical care for my child in the event that I cannot be immediately contacted. I agree to pay through my insurance company or otherwise for any medical treatment that may be necessary. I certify that my son/daughter is in good health and is able to participate in all activities.

Parent/Guardian's Name _____

Parent/Guardian's Signature _____

Insurance Carrier _____

Policy Number _____

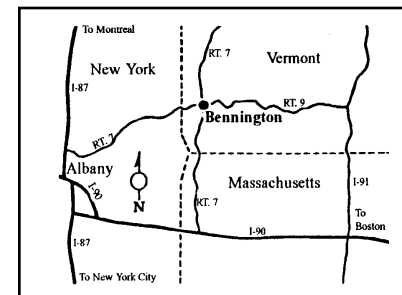
Please make a copy of this registration form (including reverse side) for each individual camper and mail application form and payment (payable to **Southern Vermont College**) to:

Athletic Department
Southern Vermont College
982 Mansion Drive
Bennington, VT 05201-6002

This registration form is available to download at www.svc.edu/athletics/camps.html.

Cost: \$95 per week

Directions



Publicity Release *(optional)*

I give permission for my child's photo and comments to be used in newspaper and magazine articles to be published for purposes of general information, public relations, and/or advertising for the College.

Parent/Guardian's Signature _____

Date _____

Camp Medical Services

If your child has a recent injury or illness, or requires any daily medications or restrictions on physical activity, please complete the following:

Allergies: _____

Reaction: _____

Treatment: _____

Illnesses, injuries, or recent surgeries: _____

Please list all daily medications: _____

Medications required during camp: _____

Please make sure medications are with your child and labeled.

I give permission for my child to use the above medications as prescribed by his/her physician.

Signature _____

Date _____

Any questions regarding
Mountaineers Baseball Camps
should be directed to Coach Donald Schaffer.
802-447-4662 or camps@svc.edu
www.svc.edu