

PROSPECT CAMP OVERVIEW

Registration will begin at 8:30 a.m. Parents are welcome to stay and observe camp and facilities. Morning session will be fundamental instruction while the afternoon session will include instruction along with games/competition on Kobs Baseball field on the beautiful Michigan State campus.

TENTATIVE SCHEDULE OF EVENTS:

8:30 a.m.	Registration
9:00 a.m.	Introduction
9:15 a.m.	Skill Instruction
	A. Hitting
	B. Pitching
	C. Catching
	D. Defensive Work
	E. Base Running
Noon	Lunch/ <u>Not Provided by MSU</u>
1:00	Games/Competition/Instruction
	Game #1 Team 1 vs. Team 2
	Skill Instruction Team 3 & 4
3:00	Game #2 Team 3 vs. Team 4
	Skill Instruction Team 1 & 2
5:00	Wrap Up/Coach Boss
5:30	Dismiss

*For additional information contact
Coach Van Ameyde at 517-355-3419
or Coach Sikes at 517-355-0259.*

MSU COACHING STAFF



HEAD COACH - JAKE BOSS JR.

Since coming to Michigan State, Coach Boss guided the Spartans to the Big Ten Tournament in 2009 for the first time in 6 years, and his 2010 team finished with the 5th most wins in program history. Named 16th Head Baseball Coach on July 1, 2008 after guiding Eastern Michigan to a MAC Championship and NCAA berth in just his first season with the Eagles. Coach Boss was named MAC Coach of the Year in 2008.

ASSISTANT COACH - MARK VAN AMEYDE

Guides the Spartan hurlers who placed at the top of several pitching categories over the past 2 seasons in the Big Ten. Served as pitching coach under Boss in 2008 helping guide EMU to a MAC Championship and NCAA appearance. Spent previous three years at Georgetown University guiding pitching staff to numerous records. Prior to stint at Georgetown, Coach Van Ameyde was Associate Head Coach at University of Detroit-Mercy (UDM) from 2000-03.

ASSISTANT COACH - GRAHAM SIKES

Arrived at MSU in July 2010 after a 3 year coaching stint at Notre Dame. Prior to ND, worked as an assistant at James Madison and Young Harris junior college. Works with outfielders, hitters, and coordinates the base running program at MSU. Played collegiate baseball at Liberty University.

ASSISTANT COACH - JAKE BOSS SR

Comes to MSU with 35 years of coaching experience, after an illustrious high school coaching career. Elected into Michigan High School Baseball Hall of Fame having recorded over 500 wins. Spent two seasons (97-98) at Eastern Michigan and three seasons (99-2001) as an assistant at Alma College.

STAFF: Coaching instruction from MSU staff along with coaches from Division II, III, and NAIA institutions.

**ONLINE REGISTRATION AVAILABE AT
WWW.SPARTANBASEBALLCAMPS.COM**

NAME _____

ADDRESS _____

CITY _____

STATE, ZIP _____

E-MAIL ADDRESS _____
Confirmation will be sent via email upon receipt of registration form

PARENTS OR GUARDIANS NAMES _____

CELL PHONE _____

HIGH SCHOOL CURRENTLY ATTENDING _____

AGE- _____ DOB _____

HT _____ WT _____

POSITION: (PLEASE CIRCLE ONE)

Infield Outfield Pitcher Catcher First Baseman

DATES: PLEASE CHECK THE CAMP YOU WILL ATTEND

For Campers Graduating 2011-2014

CLASS _____ **11** _____ **12** _____ **13** _____ **14**

September 26-Fee includes camp t-shirt

\$150 _____

October 10- Fee includes camp t-shirt

\$150 _____

Deadline: Thursday @1pm week prior to your camp. _____

SHIRT SIZE: please circle S M L XL XXL

Cancellation Policy: Your camp fee, less a \$50 administrative fee will be refunded if you cancel two weeks prior to camp. At any time after that date, refunds will be made due to medical reasons only and must be accompanied by a signed medical statement from you physician. There will be a \$50 fee assessed for each return check.

Camp Store: Spartan apparel will be on sale at the camp.

**MAKE CHECKS PAYABLE TO:
MICHIGAN STATE UNIVERSITY**

Medical Treatment Authorization Form

Participant's Name _____

DOB ____/____/____

Date of Camp _____

Participants are automatically enrolled in MSU's camp insurance plan. Eligible covered expenses will be paid only if they are in excess of other valuable and collectible insurance.

1. List any medical conditions that camp personnel should be aware of _____

2. List any medications currently taking _____

3. List any allergies _____

In case of an emergency please contact:

Name _____

Daytime Telephone _____

Evening Telephone _____

Medical Insurance Company _____

Insurance Policy Numbers _____

_____, as parent or legal guardian of the participant named above, authorizes MSU to seek medical and/or surgical treatment which is reasonably necessary to take care of the participant. I further authorize the medical facility that treats the participant to release all the information needed to complete the insurance claims. I acknowledge my responsibility to pay all costs associated with the participant's medical care and authorize all insurance payments, if any, to be made directly to the medical facility.

Signature (Parent or Guardian) _____ Date _____

Send application and Medical Treatment Authorization Form with payment in full to:

*MSU Baseball Camps
304 Jenison Field House
East Lansing, MI 48824-1025*

**MICHIGAN STATE
BASEBALL**



**Fall Baseball
Prospect Camps
September 26
&
October 10**



**Michigan State University
Baseball Office
304 Jenison Field House
East Lansing, MI 48824**

