



Crusaders Baseball Academy



Hosted by ALJ Coaching Staff and Players

Coach Dave Kennedy, along with his staff and players, invite you to the Crusader Baseball Academy. Coach Kennedy is completing his second year as head coach of the ALJ varsity baseball team. He was drafted in 1991 by the LA Angels in the 5th round and played in the minor leagues for 12 years. Coach Kennedy brings over 20 years of baseball experience, including 11 as a coach and instructor, to the youth of Clark.

The Crusader Baseball Academy will highlight all the basic skills of the game and go beyond the average baseball school. At the Academy, we pride ourselves on providing young athletes with the skills, knowledge and confidence necessary to be a better baseball player.

All Academy students are required to be at the *Clark Little League Field* by 8:55 a.m. each day for attendance and registration. Also, all Academy students are required to bring the following equipment each day:

- Hat
- Glove
- Cleats
- Sneakers
- Bat (Not Mandatory)
- Helmet (Not Mandatory, but Recommended)

***** DRINKS & SNACKS WILL BE AVAILABLE FOR PURCHASE OF \$1.00, \$2.00 and \$3.00 *****

Registration Form:

Name: _____ Age: _____ Grade: _____

Address: _____
(Street)

_____ (Town) _____ (State, Zip Code)

Home Phone: _____ Cell Phone: _____

Checks made payable to: **DAVE KENNEDY**

Mail to: **29 Oxford St. Montclair NJ 07042**

- Week
Ages 7-13
June 29th- July 2nd
9:00am – 1:00 pm
\$150.00

ALL RAIN DATES ARE SCHEDULED FOR FRIDAY OF THE CAMP WEEK

If you have any questions please feel free to contact Academy Director Dave Kennedy:
dkennedy@clarkschools.org 201-618-5524



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----- EMERGENCY CONTACT INFORMATION -----

Name of Parent/Guardian: _____
(Print)

Emergency Phone: Home/Cell _____

Special Conditions: _____
(Allergies or special conditions the coaches should know about)

**I herby certify that my son/daughter is in good health and has my permission to participate in the "Crusader Baseball Academy". In addition I give my permission for emergency treatment to be given to my son/ daughter in the event of an accident, injury, sickness, etc. at a local hospital.*

Parent/Guardian: _____ Date: _____
(Signature)

