

**P L A Y E R S I G N - U P
I N F O R M A T I O N**

Athlete's Name:: _____

Address: _____

Home Phone #: _____

Age: _____

Grade Entering: _____

Emergency Contact: _____

Phone Number: _____

Tee-Shirt Size (Please Circle):

- Youth: Sm Med Large X-Large
- Adult: Sm Med Large X-Large

Camp Option (Circle one that applies)

- Session A (July 18th -22nd) **\$250.00**
- Session B (July 25th -29th) **\$250.00**
- Sessions A and B **\$400.00**
- Checks payable to Diamond Warriors
- Mail this section along with your check to:

DIAMOND WARRIORS
250 Passaic Ave
Stirling, NJ 07980



**“AN ORDINARY PERSON
SITS AND GAZES
AT THE STARS... .
A HUSTLIN’ WARRIOR
CLIMBS A MOUNTAIN
AND GRABS ONE!”**

**H U S T L I N ’ W A R R I O R
B A S E B A L L**

Diamond Warriors

250 Passaic Ave
Stirling, NJ 07980
Email: jtremarco@whrhs.org



Learning to Play

“THE HUSTLIN’ WARRIOR WAY”



Camp Info

Our baseball camp at Watchung Hills Regional High School offers the opportunity for players from ages 8-12 to receive quality instruction from our Baseball Staff and our Hustlin' Warrior players. Campers receive personalized instruction focused on the development of their skills and their attitude towards baseball.

Our primary goal is to help each camper develop a positive mental attitude about themselves, confidence in their skill set, and to learn the fundamentals and drills that are taught at Watchung Hills.

Campers will receive outstanding instruction in hitting, fielding, base running, pitching, catching and position play. They will participate in the same drills, activities, and practice formats that our high school athletes go through. Each camper will receive a camp T-Shirt. Campers should bring a hat, glove, and bat (if they have one). Cleats are optional for outdoor play. Sneakers must be brought each day in the event we move inside on rainy days. Campers should bring a drink and a snack each day. Water will be available.

Head Coach Joe Tremarco

Coach Joe Tremarco graduated from Watchung Hills in 1997 where he was a First Team All County/All Area/All Conference player for the Warriors. In 2001 he was hired as an Assistant Coach and Teacher at Watchung Hills. From 2001-2004 Coach Tremarco developed players at the Freshman and Junior Varsity levels. In 2005, Coach Tremarco became the Varsity Assistant where the Warriors won a State Sectional Championship and made it to the All Group IV State Final. From 2004-2013 Coach Tremarco has been a part of three State Sectional Championships, three Conference Championships, and one County Title. In 2014, Coach Tremarco was named Head Coach of the Hustlin' Warriors. In just his second season, the Warriors made it to the Somerset County Finals and the Quarter-finals of the State Tournament. Coach Tremarco continues to instill discipline, commitment, integrity, and strong family values into his athletes.

Joe Tremarco: jtremarco@whrhs.org

NOTE: No camper will be permitted to participate without a parental signature waiver and medical release form. DIAMOND WARRIORS BASEBALL CAMP MEDICAL RELEASE & PARENTAL WAIVER CONSENT FOR TREATMENT OF A MINOR:

Name of Camper: _____

Date of Birth: _____

Address (City, State, Zip): _____

Parent/Guardian: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Additional Emergency Contact: _____

Emergency Contact Phone: _____

I, the undersigned, as the parent or legal guardian of _____ (a minor) hereby authorize such diagnostic, medical and/or surgical treatment of such minor as may be considered necessary or appropriate under the circumstances for the treatment of any illness or injury of the minor. The Diamond Warrior Staff shall not be responsible in any way for any consequences from said diagnostic, medical and/or surgical treatment and are hereby released from any and all claims and causes of action that may arise, grow out of, or be incident to such diagnosis, treatment, or surgery insofar as the law allows and provided that these services are performed with ordinary care and to the best of their ability.

Signature of Parent/Guardian _____

Date _____

Pertinent Medical/Insurance Information (to be completed by parent/guardian):

Allergies: _____

Current Medical Conditions: _____

Current Medication: _____

Other pertinent medical information: _____

Insurance Company: _____

Policy No: _____

Phone number for benefit verification: _____