



Now in our 25th year, the Warriors Baseball Camp is committed to teaching skills and sportsmanship in an environment that's safe and fun. Our counselors are accomplished coaches who have years of experience working with children.

What, When, Where

Camp for boys and girls
Warren Field, 133 Eliot Street, Brookline

Early Summer: ages 6–15
6/23 • 10:00–4:00
6/24–27, 6/30–7/3 • 8:30–2:30

Late Summer: ages 6–12
8/18–22, 8/25–29 • 8:30–2:30

Cost

See the registration form on the next page for costs and other details.

Camper Groups

Campers are grouped by age and ability, and each group offers specifically designed instruction and activities.

- Minors: ages 6–7
- Major B: ages 8–9
- Major A: ages 10–12
- Pony: ages 13–15

Daily Schedule

8:30 • Check-in (10:00 on 6/23)
9:00 • Instruction/drills
10:00 • Snack break
10:30 • Games/batting practice
11:45 • Lunch break
12:30 • Games
2:30 • Pick-up

Counselors

Joe Campagna, *Former BHS varsity coach*
Michael Miceli, *Pierce School Phys Ed teacher*
Brendan O'Connor, *BHS varsity coach*
John Bucci, *Bandits & WinterBall coach*

Health & Safety

We're committed to protecting campers and counselors, and we adhere to the latest guidance and directives from the state and the Town of Brookline Board of Health.

Rainy Day Plan

If rain is in the forecast, camp may be canceled. If it rains during camp, parents may be instructed to pick up campers as soon as possible. Credit toward future camp is available for full-day rainouts.

How to Register

Print and fill out the registration form on the next page. Mail the form and payment to:

*Joe Campagna • 6 Vincent Road
West Roxbury, MA 02132*



**Certified by the
Town of Brookline
Board of Health.**

2025 Warriors Baseball Camp Registration Form

Please print and fill out this form, and mail it with your payment to:

Joe Campagna • 6 Vincent Road • West Roxbury, MA 02132

Camper Info

Participant _____

Date of birth _____

Address _____

Parent/guardian _____

Phone _____

Email _____

Emergency contact _____

Phone _____

Medical Info

Medical conditions _____

Medications _____

Doctor _____

Phone _____

Insurance provider _____

Policy # _____

You must provide proof of **medical insurance** and a **physical exam within the past two years**. Medical expenses incurred by the camp are the responsibility of the parent/guardian.

Camp Enrollment

Choose your dates, as well as optional lunch and extended day (until 4:30), and calculate below.

Dates	Camp		Lunch		Extended		
Week 1 • 6/23–27	\$550	+	\$40	+	\$150	=	\$ _____
Week 2 • 6/30–7/3	\$430	+	\$30	+	\$120	=	\$ _____
Weeks 1 & 2	\$850	+	\$60	+	\$230	=	\$ _____
Week 3 • 8/18–22	\$550	+	\$40	+	\$150	=	\$ _____
Week 4 • 8/25–29	\$550	+	\$40	+	\$150	=	\$ _____
Weeks 3 & 4	\$1000	+	\$70	+	\$230	=	\$ _____
All 4 Weeks (19 days)	\$1800	+	\$150	+	\$400	=	\$ _____
Individual Days <i>list dates:</i> _____	\$125/day	+	\$10/day	+	\$40/day	=	\$ _____
50% deposit required with registration. Balance due by 6/15. Pay by check (or PayPal upon request).						Total Cost	= \$ _____

What to Bring

Baseball glove, sunscreen, hat, water, bat, helmet, lunch, snacks

Refund Policy

We cannot guarantee a refund if you register and then change your mind.

Questions?

Contact Joe Campagna at jocampagna48@gmail.com or 617-293-5621.

Injury/Illness Waiver

As parent/guardian of the camper named above, I hereby release and discharge the directors, coaches, instructors, and assistants of Warriors Baseball Camp from liability for any illness or injury incurred while attending this camp. I also authorize medical treatment that the camp director deems appropriate for any illness or injury that the camper named above incurs while attending.

Parent/Guardian Signature _____ Date _____