



Now in our 26th 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

Summer baseball camp for boys and girls, ages 6–15.

6/29–7/10 (weekdays)

8/17–9/2 (weekdays)

Warren Field, 133 Eliot Street, Brookline

### 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 6–9
- Majors: ages 10–12
- Seniors: ages 13–15

### Daily Schedule

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

Extended day is available (4:30 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.**

# 2026 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 • 6/29–7/3	\$600	+	\$50	+	\$150	=	\$ _____
Week 2 • 7/6–7/10	\$600	+	\$50	+	\$150	=	\$ _____
Weeks 1 & 2	\$1100	+	\$90	+	\$250	=	\$ _____
Week 3 • 8/17–21	\$600	+	\$50	+	\$150	=	\$ _____
Week 4 • 8/24–28	\$600	+	\$50	+	\$150	=	\$ _____
Week 5 • 8/31–9/2	\$350	+	\$30	+	\$100	=	\$ _____
Weeks 3, 4, 5	\$1400	+	\$100	+	\$300	=	\$ _____
All 5 Weeks	\$2400	+	\$150	+	\$450	=	\$ _____
Individual Days	\$150/day	+	\$10/day	+	\$40/day	=	\$ _____
<i>list dates:</i> _____							

50% deposit required with registration. Balance due by 6/15.

Pay by check (or Venmo 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](mailto: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 \_\_\_\_\_