



# 2025 NPS Swing Away Baseball Summer Camp at BMHS



Come learn, practice and play the game of baseball with both local high school coaches. Instruction will cover the fundamentals of the game, including throwing, catching, hitting and base running. Campers will work on skill development through progressions of drills and game play.

Bring your glove!

**LET'S PLAY SOME BALL!**

*All Camp Directors are Certified Teachers.*

Camp Site Directors: Steve Buckett and Ryan Mitchell

Ages: 6-13

Time: 9:00am-12:00pm

Location: Brien McMahon High School, Dropoff in CGS Parking Lot.

Weeks in Session/Rate

Session 4: 7/7-7/11 Rate: \$150

Session 5: 7/14-7/18 Rate: \$150

Session 6: 7/21-7/25 Rate: \$150

**IN CASE OF BAD WEATHER INDOOR FACILITIES AT BRIEN MCMAHON WILL BE AVAILABLE.**

Email: Steve Buckett at [buckett.pe@gmail.com](mailto:buckett.pe@gmail.com)  
or Ryan Mitchell at [mitchellr@norwalkps.org](mailto:mitchellr@norwalkps.org)

## 2025 Swing Away Baseball Registration Form

### Camper Information

Name: \_\_\_\_\_  Male  Female  
(Last) (First)

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Age \_\_\_\_\_

Grade Entering in Fall 2025 \_\_\_\_\_ School in Fall 2025 \_\_\_\_\_

### Parent/Guardian Information

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

### Emergency Contact (other than Parent/Guardian)

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone 1 \_\_\_\_\_ Phone 2 \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone 1 \_\_\_\_\_ Phone 2 \_\_\_\_\_

*Payment Info (Check can't be combined with other NPS Camps)*

Check # \_\_\_\_\_ Cash/Money Order \_\_\_\_\_

Name of person paying \_\_\_\_\_

### PERMISSION

(Must accompany registration)

My child has my permission to participate in the Summer Program sponsored by the Athletic Department of the Norwalk Public Schools. I understand that any medical costs incurred due to injuries suffered by my child while participating in the camp will be assumed by me, the undersigned parent/guardian, and that neither the camp directors nor the Board of Education will be held liable.

Signature of Parent/Guardian \_\_\_\_\_

**\*\*Please sign\*\***

Date \_\_\_\_\_

Session	Dates	Weekly Rate	Amount
Session 4:	7/7-7/11	\$150.00	
Session 5:	7/14-7/18	\$150.00	
Session 6:	7/21-7/25	\$150.00	
Total Due:			

Please make checks payable to NPS Athletic Department. Mail registration with full payment and signed permission slip to: Brien McMahon High School, Athletic Department, Attn: Eileen Kinne, 300 Highland Avenue, Norwalk, CT 06854

***Payment can also be made online by going to [myschoolbucks.com](http://myschoolbucks.com). Please note the link for [myschoolbucks.com](http://myschoolbucks.com) will be available on [norwalkps.org](http://norwalkps.org) home page.***

***Camp Directors: Joe Madaffari, call at 203-981-3005 or [madaffarij@norwalkps.org](mailto:madaffarij@norwalkps.org); Nicole Stockfisch at [stockfischn@norwalkps.org](mailto:stockfischn@norwalkps.org).***