

# 2026 Lake View Chief Baseball Camp

**Tuesday May 26 through Thursday May 28, 2026 (Thursday May 29<sup>th</sup> Pitchers & Catchers Session)**

The Lake View Chief Baseball Camp is designed to teach the fundamentals of the game of baseball.

Fundamentals are essential for a young baseball player. They provide the basis for improvement, which aids in the overall enjoyment of the game.

Coach Cortez and his staff are excited about the opportunity to teach the skills to every young baseball player attending this year's camp.

## Day 1-2-3 - Session One

Grades: Incoming 4th thru 6th

Date: Tue. May 26 - Thur. May 28

Time: 8:30am – 9:45am

## Day 1-2-3 - Session Two

Grades: Incoming 7th thru 9th

Date: Tue. May 26 - Thur. May 28

Time: 10:00am – 11:30am

## Day 3 - Pitcher & Catcher Session

Grades: Incoming 4th thru 9th

Date: Thursday May 28

Time: 11:45am – 1:00pm

**Site: Lake View High School Practice Football Field / Indoor Turf Room  
(Behind Lake View High School: 900 East 43<sup>rd</sup> Street, San Angelo, TX 76903)**

**What to Bring: Baseball Glove, Baseball Shoes, and Bat (If Possible) – Name Printed on Equipment  
Water will be provided in a water cooler.**

**In case of inclement weather, the camp may be moved indoors. Please go to Lake View Chief's Baseball Field first and directions will be given at that time.**

**\*Walkups will be accepted on the day of camp\***

**Cost for Camp: \$45.00 / \$60.00, which includes T-Shirt**

**(\$45.00 Day 1/Day 2/Day3)**

**(\$60.00 Day 1/Day 2/Day 3 - PLUS Pitchers & Catchers Camp)**

**For Information Call:**

**Coach Tony Cortez @ (254) 485-0109**

**Coach Mark Arnold @ (830) 822-4536**

## Online Registration



**Cut Lower Portion**

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade(Next school year): \_\_\_\_\_

Address and Zip \_\_\_\_\_ Phone:(\_\_\_\_\_) \_\_\_\_\_

### **T-Shirt Size:**

Youth - M L XL

Adult - S M L XL XXL

I (we) hereby release the Lake View Chief Baseball Camp and its employees, San Angelo Independent School District, its Board of Trustees, administrators and employees, from all claims from injuries or illnesses which may be sustained by my (our) child, and authorize the director or his designee to select hospital facilities and/or physician of his/her choice, and authorize treatment of the named camper on an emergency basis in the event such treatment becomes necessary while attending the Lake View Chief Baseball Camp.

Parent (Guardian) Name \_\_\_\_\_ Date: \_\_\_\_\_

(please print)

Parent (Guardian) Signature \_\_\_\_\_

Please complete the application and return with check and/or cash, payable to: **Antonio Cortez**