

## PROSPECT CAMP OVERVIEW

Registration will begin at 8:30 a.m. Parents are welcome to stay and observe camp and facilities. Morning session will be fundamental instruction while the afternoon session will include instruction along with games/competition on Kobs Baseball field on the beautiful Michigan State campus.

### TENTATIVE SCHEDULE OF EVENTS:

**8:30 a.m. Registration**

**9:00 a.m. Introduction**

**9:15 a.m. Skill Instruction**

- A. Hitting
- B. Pitching
- C. Catching
- D. Defensive Work
- E. Base Running

**Noon Lunch/Not Provided by MSU**

**1:00 Games/Competition/Instruction  
Game #1 Team 1 vs. Team 2**

**1:00 Skill Instruction Team 3 & 4**

**3:00 Game #2 Team 3 vs. Team 4**

**3:00 Skill Instruction Team 1 & 2**

**5:00 Wrap Up/Coach Boss**

**5:30 Dismiss**

*For additional information contact Coach Van Ameyde at 517-355-3419 or Coach Gernon at 517-355-0259.*

## MSU COACHING STAFF



### HEAD COACH

**JAKE BOSS JR.**

Named 16th Head Baseball Coach on July 1 after guiding Eastern Michigan to a MAC Championship and NCAA birth in just his first season with the Eagles. Coach Boss was named MAC Coach of the Year in 2008. Prior to Eastern Michigan, Coach Boss was an assistant coach and recruiting coordinator at Michigan from 2004-07, as the Wolverines made NCAA Regional appearances all three seasons including a Super Regional Appearance in 2007.

### ASSISTANT COACH

**MARK VAN AMEYDE**

Served as pitching coach under Boss in 2008 helping guide EMU to a MAC Championship and NCAA appearance. Spent previous three years at Georgetown University guiding pitching staff to numerous records. Prior to stint at Georgetown, Coach Van Ameyde was Associate Head Coach at University of Detroit-Mercy (UDM) from 2000-03.

### ASSISTANT COACH

**BILLY GERON**

Spent the past nine seasons as the Head Baseball Coach at IPFW. Left with more victories than any other coach in school history. Gernon's club was ranked 9th in nation in stolen bases in 2005 and 28th in the nation in batting average with a .315 mark as well.

### VOLUNTEER ASSISTANT COACH

**JAKE BOSS SR**

Arrives at MSU with 35 years of coaching experience, after an illustrious high school coaching career. Elected into Michigan High School Baseball Hall of Fame having recorded over 500 wins. Spent two seasons (97-98) at Eastern Michigan and three seasons (99-2001) as an assistant at Alma College.

**STAFF:** Coach Instruction from MSU staff along with coaches from Division II, III, and NAIA institutions.



NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

STATE, ZIP \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_  
Confirmation will be sent via email upon receipt of registration form

PARENTS OR GUARDIANS NAMES \_\_\_\_\_

CELL PHONE \_\_\_\_\_

HIGH SCHOOL CURRENTLY ATTENDING \_\_\_\_\_

AGE- \_\_\_\_\_ DOB \_\_\_\_\_

HT \_\_\_\_\_ WT \_\_\_\_\_

POSITION: (PLEASE CIRCLE ONE)

Infield    Outfield    Pitcher    Catcher    First Baseman

DATES: PLEASE CHECK THE CAMP YOU WILL ATTEND

**For Campers Graduating 2009-2012**

**CLASS**    09    10    11    12

September 21-Fee includes camp t-shirt

\$150 \_\_\_\_\_

October 12- Fee includes camp t-shirt

\$150 \_\_\_\_\_

Deadline: Thursday @ 1pm week prior to your camp. \_\_\_

SHIRT SIZE:    please circle    S    M    L    XL    XXL

Cancellation Policy: Your camp fee, less a \$50 administrative fee will be refunded if you cancel two weeks prior to camp. At any time after that date, refunds will be made due to medical reasons only and must be accompanied by a signed medical statement from you physician. There will be a \$50 fee assessed for each return check.

Camp Store: Spartan apparel will be on sale at the camp.

**MAKE CHECKS PAYABLE TO:  
MICHIGAN STATE UNIVERSITY**

**Medical Treatment Authorization Form**

Participants Name \_\_\_\_\_

DOB \_\_\_\_/\_\_\_\_/\_\_\_\_

Date of Camp \_\_\_\_\_

Participants are automatically enrolled in MSU's camp insurance plan. Eligible covered expenses will be paid only if they are in excess of other valuable and collectible insurance.

1. List any medical conditions that camp personnel should be aware of \_\_\_\_\_

2. List any medications currently taking \_\_\_\_\_

3. List any allergies \_\_\_\_\_

**In case of an emergency please contact:**

Name \_\_\_\_\_

Daytime Telephone \_\_\_\_\_

Evening Telephone \_\_\_\_\_

Medical Insurance Company \_\_\_\_\_

Insurance Policy Numbers \_\_\_\_\_

\_\_\_\_\_, as parent or legal guardian of the participant named above, authorizes MSU to seek medical and/or surgical treatment which is reasonably necessary to take care of the participant. I further authorize the medical facility that treats the participant to release all the information needed to complete the insurance claims. I acknowledge my responsibility to pay all costs associated with the participant's medical care and authorize all insurance payments, if any, to be made directly to the medical facility.

Signature (Parent or Guardian) \_\_\_\_\_ Date \_\_\_\_\_

Send application and Medical Treatment Authorization Form with payment in full to:

*MSU Baseball Camps  
304 Jenison Field House  
East Lansing, MI 48824-1025*

**Michigan State University  
Baseball Office  
304 Jenison Field House  
East Lansing, MI 48824**



**Michigan State Fall  
Baseball  
Prospect Camps**

**September 21  
&  
October 12**

