

The purpose of our camp is to introduce potential prospects to Flagler College and how we run our program. It is open to High School aged players who graduate in 2024, 2025, 2026, & 2027. You must register in advance!
unsigned

FORMAT

9:00am-9:30am: Coaches introductions and Player/Parent Orientation by Dave Barnett-Head Coach (36 years at Flagler)

9:30am-10:00am: Stretching & Conditioning (60 Yard Dash)

10:00am-12:00 noon: Position Player Defensive Drills
On field Batting Practice
Primary Pitchers report to Bullpen

12:00noon-1:00pm: Lunch (on your own)

1:30pm-4:30pm: Team I & II Scrimmage
Team III & IV Scrimmage

About our Camp

We limit our camps to 60 players only. It is more than a showcase as you have personal interaction with Coach Barnett and his staff. Our camps incorporate controlled scrimmage games to allow us to evaluate your ability to “play the game”.

Please mail and make check payable to:

FIRST CITY BASEBALL

320 Old Plantation Dr.

St. Augustine, Florida 32086

OR Register Online

teambarnettbaseball.com

Cost: \$225.00

Why Flagler?

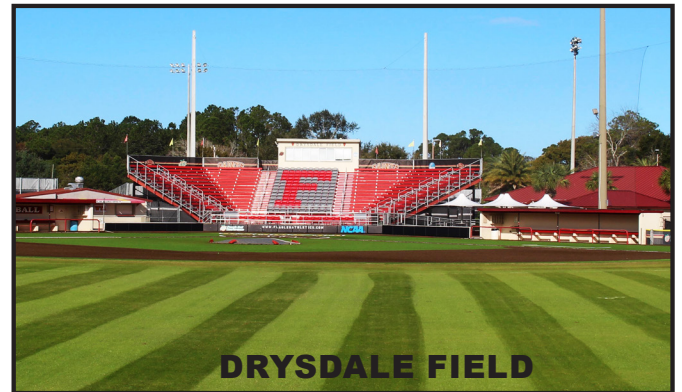
- Nationally ranked N.C.A.A Division II Program located in St. Augustine, Florida.
- 18 Players on current roster attended one or more of our camps.
- This is our main recruiting tool for prospective Prospects.
- U.S News and World Report ranks Flagler College #4 Best Regional College in the South and #7 for best value and #2 for most innovative schools.
- Our Campus has been recognized as one of the most beautiful in the United States and our Baseball facility is one of the best in Division II baseball.
- Location—St. Augustine is the Oldest City in the United States. Our town is a tourist destination which offers pristine beaches, Historic Culture, music and entertainment as well as some of the best restaurants in Northeast Florida.

Flagler Field Complex Directions

From I-95 take Exit 311 (State Road 207)
Take 207 East to SR 312 Make a right on SR 312.

Go to second traffic light (Old Moultrie Road) and take a left. Flagler Field is approximately ½ mile on the left.

1655 Old Moultrie Road



DRYSDALE FIELD

REGISTRATION FORM

NAME: _____

E-MAIL: _____

GRADUATING YEAR: _____

PHONE: () _____

H.S. ATTENDING: _____

COACH NAME: _____

PRIMARY POSITION: _____

SECONDARY POSITION: _____

IMPORTANT MEDICAL INFORMATION

All participants must cover themselves for any injury or sickness incurred while in attendance.

Please complete the following:

Insurance Name: _____

Policy Number: _____

I, hereby, authorize the First City Baseball staff to act for me according to their best judgement in any medical emergency and I waive and release said persons from any and all liability or illness incurred.

Signature: _____

Relationship/Date: _____

NO REFUNDS!