

2009 Baylor Baseball Winter Camps

Pre-Season Pitcher/Catcher Camp

Date: Saturday, January 17, 2009

Ages: 13 years - 2009 High School Grads

Cost: \$195

Check In: Jan. 17th, 8:15 - 9 a.m. at Baylor Ballpark

Pre-Season Hitter Camp

Date: Sunday, January 18, 2009

Ages: 13 years - 2009 High School Grads

Cost: \$195

Check In: Jan. 18th, 8:15 - 9 a.m. at Baylor Ballpark

In order for the camper to be eligible to participate the applicable forms checked below must be completed and mailed to the Baylor Baseball office. Please access on our website: www.BaylorBears.com.

- | | | |
|-------------------------------------|---------------------------|--|
| <input checked="" type="checkbox"/> | Medical Release | completed & signed (<i>all blanks must be filled in</i>) |
| <input checked="" type="checkbox"/> | University Release | Form D (for under 18 yrs) or E (adult form for 18 yrs) |
| <input checked="" type="checkbox"/> | Parent's Statement | signed & completed (see below) |

Please indicate session(s) attending:

Pitcher/Catcher Camp – Saturday, Jan 17, 2009 **\$195**

please indicate: RHP LHP or Catcher

Hitter Camp – Sunday, Jan. 18, 2009 **\$195**

Please fill out and mail the payment and completed releases to:

Baylor Bear Baseball Camp, 1612 S. University Parks Dr., Waco, TX 76706

Please Print:

Name _____

Birthdate _____ Grade Next Year _____ Grad Year _____

Parents Name _____

Home Address _____

City/State/Zip _____

Emergency Contact: _____ Emergency Phone _____

Email Address _____

Shirt Size (Circle one) S M L XL

PARENTS STATEMENT (*Must be completed to participate*)

The undersigned applicant and parent/guardian understand that the applicant will be engaging in physical activity during the program which contains an inherent risk of physical injury and the undersigned assumes the risk, indemnifies, and releases Baylor University, the Baylor Bear Holiday Baseball Camp, its officers, directors, agents and employees from any and all liability for personal injury arising out of the applicant's participation in the camp program. If at any time it is necessary for the aforementioned camper to receive outside or professional medical attention, I hereby give my consent to the camp to secure the services of whatever physical or medical facility selected and to secure whatever transportation is deemed necessary.

Please Print

Parent or Guardian _____

Signature: _____

Applicant _____

Insurance Co. _____

Policy No. _____

Co. Address _____

Type of Coverage _____

OFFICIAL USE ONLY

Date Rcv'd _____ Amt Pd: _____

Cash Check/MO # _____