

# Clarion University Baseball Athletic Camps



July 7-11  
Little League/T-Ball

July 14-18  
Senior League/Junior Varsity

# 2008



**Mike Brown**  
Head Baseball Coach  
Clarion University of Pennsylvania

Coach Brown has been at Clarion University for three seasons. He was appointed head coach in August 2007.

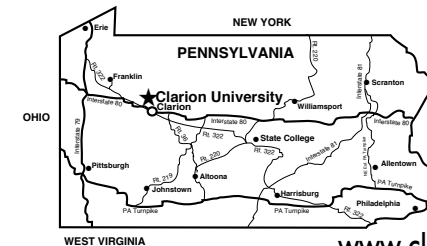
Brown has continued to be one of the top teachers of baseball skills. His efforts continue to keep Clarion rated as one of the top PSAC programs. His teams play hard, aggressive, and fundamentally sound baseball.

Prior to Clarion, Brown coached 30 years at the high school level. His overall winning percentage is more than .700 while his league winning percentage is above .760.

Other staff include local high school coaches and Clarion University Golden Eagles Baseball players who will provide individual assistance.

## Clarion University Summer Baseball Camps

The Clarion University summer baseball clinic is an opportunity for players to learn all aspects of the game along with daily game play. The clinic is scheduled so children of all ages can attend without missing any of their summer baseball games.



Clarion is located off Exit 64 of I-80.



Baseball Summer Camps  
Clarion University of Pennsylvania  
840 Wood Street  
Clarion, PA 16214-1232



## Week 1: Little League/T-Ball Clinic

**July 7-11**  
**Clarion Area Little League Complex**  
**Ages 7-11**

### Daily Itinerary

9 a.m.	Daily Check-In
9:15 a.m.	Stretch
9:30 a.m.	Hitting and Defense Groups
10:45 a.m.	Daily Specialty Groups
11:15 a.m.	Games
12 p.m.	Lunch
12:30 p.m.	Games
2 p.m.	Daily Dismissal

### Clarion Area Little League Complex

The Paul A. Weaver Community Park is located behind Bi-Lo market, just off Route 322. Please drive slowly when dropping off and picking up your children.

The park is equipped with three little league fields and one senior league field plus batting cages. Game play will include tennis ball, stickball, and baseball games. All participants will be assigned to a team at registration.

### What to Bring

- Glove
- Cleats
- Bat
- Daily Lunch

## Week 2: Senior League/Jr. Varsity Clinic

**July 14-18**  
**Clarion University Baseball Field**  
**Ages 12-17**

### Daily Itinerary

9 a.m.	Daily Check-In
9:15 a.m.	Stretch and Loosen-up
9:30 a.m.	Hitting and Bunting Skills
10:30 a.m.	Position and Pitching Skills
11:30 a.m.	Break
12 p.m.	Games
1:30 p.m.	Daily Dismissal

### Clarion University Baseball Field

The Clarion University baseball field is located to the back right side of the Memorial Stadium complex. When entering the parking area, continue to drive through the lot and past the maintenance building. The gravel road will bring you to the field.

### What to Bring

- Glove
- Bat
- Shoes
- Batting Helmet
- Catcher's Gear (if needed)
- Snack (for break)

# Clarion University of Pennsylvania 2008 Baseball Summer Camp Application

It is understood that Clarion University, the camp director and staff, or anyone connected with Clarion University will not assume any responsibility for accidents, medical or dental, or any other expenses incurred because of accidents.

Please complete this application carefully. Incomplete applications will be returned.

### July 7-11

**Little League/T-Ball**  
Clarion Little League Complex  
9 a.m.-2 p.m.  
Ages 7-11  
\$100

### July 14-18

**Senior League/Junior Varsity**  
Clarion University Baseball Field  
9 a.m.-1:30 p.m.  
Ages 12-17  
\$100

Name \_\_\_\_\_

Address \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

T-shirt size:  Small  Medium  Large  X-Large  XX-Large

Home telephone number \_\_\_\_\_ Coach \_\_\_\_\_

Name of school \_\_\_\_\_  
Area Code

Signature of parent or guardian \_\_\_\_\_

Grade entering \_\_\_\_\_ E-mail address \_\_\_\_\_

All checks (money orders preferred) must be made payable to **Clarion University of Pennsylvania**

**Payment Type:**  Check  Money Order  
Check Number \_\_\_\_\_

**Mail to:** Clarion University Golden Eagles Baseball Camps  
Clarion University of Pennsylvania  
840 Wood Street  
Clarion, PA 16214-1232

**Received on:** \_\_\_\_\_

I certify that my son has no injury or illness that could jeopardize his/her well-being by participating in the activities of the Clarion University Golden Eagles Baseball Camps.

Parent or guardian must sign \_\_\_\_\_



Summer Sports Camp
Medical Information

Name of Athlete \_\_\_\_\_ Telephone ( ) \_\_\_\_\_

Please check camp(s) you plan to attend

- Swimming, Swimming Elite, Diving, Baseball, Volleyball, Football, Soccer, Cross Country, Strength Training, Tennis, Boys' Basketball, Girls' Basketball, Boys' Basketball Team Camp, Girls' Basketball Team Camp, Track & Field, Strength & Speed, Wrestling Clarion Way, Wrestling Youth Camp, Wrestling 3 in 1 Elite, Wrestling Team Camp, Softball

Date(s) Attending Camp: From / / to / /
From / / to / /

COMPLETE ALL SECTIONS

Please print

1. Home Address \_\_\_\_\_ Social Security No. \_\_\_\_\_
City \_\_\_\_\_ Date of Birth \_\_\_\_\_
State \_\_\_\_\_ Zip \_\_\_\_\_

2. Father/Guardian \_\_\_\_\_ Mother/Guardian \_\_\_\_\_
Address \_\_\_\_\_ Address \_\_\_\_\_
Social Security No. \_\_\_\_\_ Social Security No. \_\_\_\_\_
Telephone ( ) \_\_\_\_\_ Telephone ( ) \_\_\_\_\_
Employer \_\_\_\_\_ Employer \_\_\_\_\_
Telephone ( ) \_\_\_\_\_ Telephone ( ) \_\_\_\_\_

Please indicate another person that is likely to know where you can be contacted:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Telephone ( ) \_\_\_\_\_

If you plan to be away from home the week your son/daughter is in camp, please indicate times and procedure that you may be contacted. \_\_\_\_\_

FEES FOR MEDICAL TREATMENT INCURRED BY YOUR SON/DAUGHTER WHILE AT CAMP WILL BE THE RESPONSIBLE OF THE PARENT/GUARDIAN. AN INSURANCE POLICY WILL NOT BE INCLUDED IN THE CAMP FEES. IF YOUR SON/DAUGHTER SHOULD REQUIRE MEDICAL TREATMENT WHILE AT CAMP, AND YOU WISH THE COST FOR TREATMENT TO BE COVERED UNDER YOUR MEDICAL INSURANCE PLAN, PLEASE PROVIDE THE FOLLOWING INFORMATION.

3. Basic Medical \_\_\_\_\_ Major Medical \_\_\_\_\_
Company or Plan \_\_\_\_\_ Company or Plan \_\_\_\_\_
Address \_\_\_\_\_ Address \_\_\_\_\_
Telephone ( ) \_\_\_\_\_ Telephone ( ) \_\_\_\_\_
Policy Number \_\_\_\_\_ Policy Number \_\_\_\_\_
Group Number \_\_\_\_\_ Group Number \_\_\_\_\_

PLEASE COMPLETE THE INFORMATION ON REVERSE SIDE OF THIS FORM

Is the athlete on any medication of any kind?  Yes  No  
If YES, please list medication(s), reason for taking, and any special instructions

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Drug Allergies or Sensitivities \_\_\_\_\_

Other Allergies \_\_\_\_\_

Does the athlete require special medical needs?  Yes  No

If YES, please explain: \_\_\_\_\_

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**Please read BOTH statements below and sign the ONE of your choice! DO NOT SIGN MORE THAN ONE!**

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Both parents/guardian should sign one of the following sections. If one of the parents is unavailable, the signature of the available parent is sufficient. However, if the parents are divorced, only the parent having custody of the athlete should sign. If the athlete has a legal guardian(s), the guardian(s) should sign.

1. If my son/daughter needs medical attention while at summer sports camp at Clarion University, it is my wish that I be contacted before any medical procedures are performed, unless immediate emergency treatment is necessary to save my son/daughter's life, or to prevent permanent debilitating injury.

Parent(s)/Guardian(s) \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

2. If my son/daughter needs medical attention while at summer sports camp at Clarion University, it is my wish that the treatment be begun while efforts are being made to contact me. So that treatment will not be delayed, I consent to any medical procedures that the attending physician believes to be appropriate, with the understanding that efforts will continue to be made to contact me. I also accept responsibility for all costs related to such treatment.

\*Exceptions. If there are any medical procedures that you do not want performed until you are contacted, please list them in the space provided. Otherwise, write "none". \_\_\_\_\_

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Parent(s)/Guardian(s) \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

If the athlete is 18 years of age, he/she must also sign this agreement

\_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_



**Informed Consent Release and  
Express Assumption Risk**

I, \_\_\_\_\_, Parent or Guardian of \_\_\_\_\_  
(Name of Parent or Guardian) (Name of Child)

desire for my child to participate in Girls' Basketball Camp at Clarion University on  
\_\_\_\_\_  
(Dates)

I realize injuries can be a consequence or participation in this activity and no amount of reasonable supervision or use of the facility will prevent injury. I appreciate the character of the risk involved and I voluntarily assume on behalf of my child all risk of possible death, harm or injury. I understand and appreciate that such injury could also include, without limitation, serious or permanent injuries to all bodily organs and functions. I am aware of the risk of participation in this designed activity. I have carefully considered how the possible consequences of injury may impact my child's life, and I choose to accept this risk and allow him/her to participate in the designated activity.

In accepting this risk, I expressly and explicitly release, discharge and waive any and all responsibility of Clarion University Foundation, Inc., Clarion University of Pennsylvania, Pennsylvania's State System of Higher Education, the Commonwealth of Pennsylvania and the employees, officials or agents of any and all of the foregoing, pursuant or pertaining or related to, or arising from, in any manner, injuries to my child as a result of his/her participation in this activity.

By my signature below, I certify that I completely understand this document.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date