



2012 Winter Hitting, Pitcher/Catcher, & All Skills Clinics

- **HITTING CLINIC** is Saturday, January 21st from 9:00 AM – 1:00 PM
- **PITCHER/CATCHER CLINIC** is Sunday, January 22nd from 9:00 AM – 1:00 PM
- **AGE GROUP:** 7th – 12th grade
- The limit is set at 50 participants for each clinic.
- **COST:** \$75.00 for each.
- A T-shirt will be provided at registration for each clinic.
- Spaces are limited. Try and reserve your spot by January 19th.

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- **ALL SKILLS CLINIC** is Sunday, January 29th from 9:00 AM – 1:00 PM
 - **AGE GROUP:** 9th – 12th grade
 - The limit is set at 80 participants for this clinic.
 - **COST:** \$50.00
 - Spaces are limited. Try and reserve your spot by January 25th.

Instruction is oriented to the serious baseball player interested in improving their baseball skill set yet tailored to players across all ability levels. We currently have 14 players on our roster that have been seen through our camps. This is an outstanding opportunity to receive professional instruction and interact with our coaching staff and players face to face.

Registration will begin at 8:30 AM by Gate 1 of Clark-LeClair Stadium each day.

If interested, please fill out the registration and health/insurance forms and mail to Valentine Melton's attention prior to the clinic. Please email (howellmeltonv@ecu.edu) or call (252.737.1985) if you have any questions. Make checks payable to: ECU Baseball. All registration fees must be paid in full prior to the clinic date.

Mailing Address: ECU Baseball Office
Valentine Melton
102 Clark-LeClair Stadium
Greenville, NC 27858

Go Pirates!

Billy Godwin
Head Coach



EAST CAROLINA BASEBALL

2012 Winter Hitting, Pitcher/Catcher, & All Skills Clinics Registration Form

Please check which clinic(s) you wish to attend.

HITTING (\$75.00): _____ PITCHER/CATCHER (\$75.00): _____

ALL SKILLS (\$50.00) _____

Name: _____ Age: _____

Address: _____

City: _____ State: _____ Zip: _____

High School: _____ Grad Year: _____

Email (required): _____

Primary Position (circle one): Pitcher Catcher 1B MI 3B Outfielder

Secondary Position (circle one): Pitcher Catcher 1B MI 3B Outfielder

Parent's Names: _____

Home phone: _____ Cell: _____

Mail registration and health/insurance forms to Valentine Melton prior to the clinic.
Make checks payable to: ECU Baseball

ECU Baseball Office
Valentine Melton
102 Clark-LeClair Stadium
Greenville, NC 27858

MEDICAL HISTORY

IMMUNIZATION DATES: MEASLES _____ MUMPS _____ RUBELLA _____ MMR(COMBINED) _____ LAST
TETANUS _____ POLIO SERIES _____
DATE OF LAST CHECK UP _____
REASONS FOR ANY HOSPITALIZATION IN THE PAST 5 YRS? (PLEASE CIRCLE) YES NO
IF YES, EXPLAIN _____

PHYSICIAN'S INFORMATION

PHYSICIAN'S NAME _____ ADDRESS _____
CITY, STATE, ZIP _____ PHONE# _____

LIABILITY, RELEASE, WAIVER, DISCHARGE AND COVENANT NOT TO SUE

This is a legally binding Release executed by (camper's name) _____ and by
_____ (Parent or Guardian name) to East Carolina University, Greenville, North Carolina.

I/We, the Undersigned request that _____ (referred to as the "Camper") be granted permission to
participate in the East Carolina University Baseball Camp.

In consideration of the Camper being permitted to participate in the camp, I/We do release, waive, forever discharge, and covenant
not to sue the institution, its governing board, officers, agents, employees, volunteers, and any students acting as employees
("Releasee"), from and against any and all liability for any harm, injury, damage, claims, demands, actions, causes of actions, costs,
and expenses of any nature which Camper, arising out of or related to any loss, damage, or injury, including but not limited to
suffering and death, that may be sustained by Camper or by any property belonging to me, while Camper is in, on, upon or in transit
to or from the premises where the camp, or any adjunct to the camp, occurs or is being conducted.

I/We have signed this "Liability Release, Waiver, Discharge and Covenant Not to Sue" in full recognition and appreciation of the
dangers, hazards, and risks of such activities, which dangers include but are not limited to heat stress, heat exhaustion, heat stroke,
muscle sprains, muscle strain, broken limbs, teeth etc., and which could include serious or even mortal injuries or property damage.
I/We further attest that I/We have fully discussed the aforementioned risks and hazards, and Camper and Camper's
Parent/Guardian agree that Camper has individually assumed the risks involved with this camp as witnessed below.

I/We understand and agree that Releasees do not have medical personnel available at the location of the camp or on the campus.
I/We understand and agree the Releasees are granted permission to authorize emergency medical treatment, if necessary, and that
such action by Releasees shall be subject to the terms of this Agreement. I/We understand and agree that Releasees assume no
responsibility for any injury or damage which might arise out of or in connection with such authorized emergency medical treatment.

It is my/our express intent that this release and hold harmless agreement shall bind the members of Camper's family and spouse, if
Camper is alive, and Camper's family, estate, heirs, administration, personal representatives, or assigns, if Camper is deceased,
and shall be deemed as a "Liability Release, Waiver, Discharge and Covenant Not to Sue" the Above-names Releasees.
Camper/Camper's Parent/Guardian further agrees to save and hold harmless, indemnify, and defend Releasees from any claim by
Camper or Camper's family, arising out of Camper's participation in the Baseball Camp.

In signing this Release, Camper and Camper's Parent/Guardian acknowledge and represent that I/we have fully informed ourselves
of the content of this Release of liability and hold harmless agreement by reading it before we sign it, and that I/we have reviewed it
and Camper understands what it means and the I/We sign this document as my/our free act and deed. No oral representations,
statements, or inducements, apart from the foregoing written statement, have been made. I/We further state that there are no
health-related reasons or problems which preclude or restrict the Camper's participation in this camp, and the Camper has adequate
health insurance necessary to provide for and pay any medical costs that may be attendant as a result of injury to the Camper.

I/We further agree that this Release shall be construed in accordance with the laws of the State of North Carolina. If any term or
provision of the Release shall be held illegal, unenforceable, or in conflict with any law governing this Release, the validity of the
remaining portions shall not be affected thereby.

I further state that I am fully competent to sign this Agreement, and that I execute this release for full, adequate, and complete
consideration fully intending for myself, for the Camper, and for Camper's family, estate, heirs, administrators, personal
representatives, or assigns to be bound by the same.

THIS IS A RELEASE OF LEGAL RIGHTS. READ BEFORE SIGNING.

Parent or Guardian Signature _____ Date _____



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The following items are required/recommended for the clinics

- Warm clothing - you can always take layers off so come prepared
- Hat
- Glove
- Cup
- Cleats
- Sneakers
- Batting Gloves
- Bat (if available) - Hitting & All Skills
- Helmet (if available) - Hitting & All Skills
- Catchers (full gear) - Pitcher/Catcher & All Skills

Hotel Discount

East Carolina University Baseball partners with The City Hotel & Bistro to provide our guests with a special discounted rate while in town attending an ECU Baseball Camp.

Simply call and ask for the **ECU Winter Camp Rate**.

The City Hotel & Bistro
203 W. Greenville Blvd.
Greenville, NC
252-355-8300

<http://www.cityhotelandbistro.com/>

The discounted rate is **\$79** per night which includes two queen beds, complimentary internet, and a full hot breakfast buffet!