

The IUP Baseball Showcase Camp is for current high school players who will graduate in 2011, 2012, and 2013. This is a chance for players to showcase their ability in front of the Indiana University of Pennsylvania (IUP) Baseball coaching staff. In addition to an evaluation, players will be instructed on individual baseball skills in a station format camp.

This sixth annual camp has attracted top area talent. In the previous four camps 63 (2005), 59 (2006), 58 (2007), 61 (2008), 62 (2009) high school players have participated and ten are currently on the IUP Baseball roster and 66 others are playing college baseball. IUP recruiting is based on talent, academics, and team needs.

Each year this camp has filled in advance, so early registration is encouraged. We accept 30 participants in each session.

Bring all necessary baseball equipment for your participation including bat, glove, spikes, and catcher's gear (if catching).

To register, detach the application on this brochure and mail with payment. Walk-up registration is available only if the camp is not full. Early registration prior to September 25, 2010 is \$60. Walk-up registration is \$70. The rain date will be Sunday, October 10, 2010.

For more camp information, IUP Baseball information, directions to the Owen J. Dougherty Baseball Complex on IUP's South Campus, or weather updates that morning:

(724) 357-7830

www.iup.edu/camps

www.winwithclass.com

jditch@iup.edu



Showcase Camp Director Jeff Ditch

IUP Head Coach

School record 36 wins 2008

PSAC West Champions 2010

Ranked as high as 24th in the Nation

136 IUP Dean's List 56 PSAC Scholars

Session 1 – Sunday, October 3 Pitching Showcase Schedule

10:00 AM Registration
10:30 AM Stretching
10:45 AM Skill Instruction
11:30 AM Pitching Evaluation
12:00 Noon Scrimmage Evaluation
1:45 PM Recruiting Summary
2:00 PM Dismiss Camp

Session 2 – Sunday, October 3 Hitting & Defense Showcase Schedule

2:30 PM Registration
3:00 PM Stretching
3:15 PM 60 Yard Sprint
3:30 PM Defense Evaluation
4:30 PM Hitting / Defensive Instruction
5:30 PM Hitting Evaluation
6:15 PM Recruiting Summary
6:30 PM Dismiss Camp



Authorization for Medical Care

Full Name _____

Social Security Number _____

Birthdate _____

Parent / Guardian Name _____

Home Phone _____

Emergency Cell Phone _____

Emergency Contact Person _____

Emergency Cell Phone _____

Health History

Operations or Serious Illness _____

Emotional Concerns or Diseases or Special Problems _____

Currently Under Medical Care and if so why _____

Currently On Medication and if so Name of Med, Dosage, and Amount _____

Allergies List _____

Check All That Apply and List Dates

- | | |
|--|--|
| <input type="checkbox"/> Ear Infection _____ | <input type="checkbox"/> Asthma _____ |
| <input type="checkbox"/> Blood Pressure _____ | <input type="checkbox"/> Diabetes _____ |
| <input type="checkbox"/> Bleeding / Clotting _____ | <input type="checkbox"/> Chicken Pox _____ |
| <input type="checkbox"/> Measles 3 Day/9 Day _____ | <input type="checkbox"/> Mumps _____ |
| <input type="checkbox"/> Heart Defect Murmur _____ | <input type="checkbox"/> Convulsions _____ |

Physician Name _____

Physician Phone Number _____

Insurance Company _____

Insurance Policy Number _____

Phone Number _____

IUP does not provide medical insurance for campers. In the event of injury or illness requiring treatment, hospitalization, and/or surgery, the family medical insurance must be used.

I hereby consent to any and all health services necessary to the Indiana Regional Medical Center's emergency room. I give authority and power to any such physician/surgeon to render any and all health services that may be deemed necessary or advisable. I authorize the IUP Camp Director and/or staff to accompany the student and sign permit forms Required by the Medical Center. I understand in case of serious accident or illness every effort will be made to contact me. I understand I will be responsible for any costs or care not provided. I understand there is risk of injury for my son or daughter while participating in the camp and I hereby voluntarily assume all risks associated with participation and agree to exonerate and release IUP, it's agents, servants, trustees, and employees from any and all liability.

This medical release must be signed to participate.

Parent / Guardian Signature _____

Date _____

BASEBALL "SHOWCASE" CAMP
SUNDAY, OCTOBER 3, 2010

Session 1 – Pitching

- \$60.00 Registration before Sept 25
 \$70.00 Walk-up Registration (If available)

Session 2 – Hitting & Defense

- \$60.00 Registration before Sept 25
 \$70.00 Walk-up Registration (If available)

Participants may register for both sessions (\$120 / \$140)

Full Name _____ Age _____

Home Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Email Address _____

Baseball Position _____ Bat L or R _____ Throw L or R _____ T-Shirt Size _____

High School _____ Graduation Year _____

Parent or Guardian Signature _____ Date _____

Make checks payable to IUP. If participant finds it necessary to cancel, a full refund will be made if notification of cancellation is 14 days prior to camp. No refunds will be given after that.

Please detach and mail application to:
The Bursar's Office
Clark Hall - IUP
1090 South Drive
Indiana, PA 15705

For Office Use Only	
Check # _____	Amount Received \$ _____

Cost Center: 4012204225

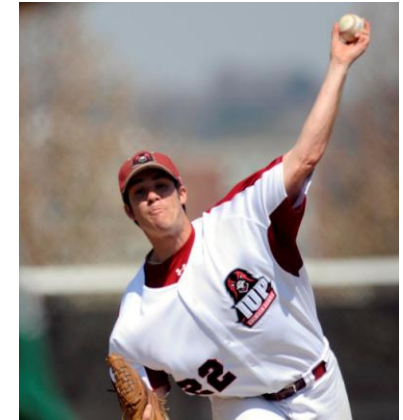


Baseball Office
Memorial Field House
660 South 11th Street
Indiana, PA 15705

4012204225



BASEBALL SHOWCASE CAMP



SUNDAY, OCTOBER 3, 2010
RAIN DATE OCTOBER 10

INDIANA UNIVERSITY OF PA
OWEN J. DOUGHERTY
BASEBALL COMPLEX

OPEN TO 2011, 2012, AND 2013 GRADS

SESSION 1 – PITCHING
10:30 – 2:00

SESSION 2 – HITTING & DEFENSE
3:00 – 6:30

IUP is a member of Pennsylvania's State System of Higher Education.