

LOUISIANA TECH UNIVERSITY

Department: _____

Activity: _____

All physical activity inherently carries some risk of injury and certain types of activity are not appropriate for persons with limiting medical/health conditions. Louisiana Tech University recommends that each student or participant obtain a medical examination by a qualified medical doctor and be covered by an adequate accident and hospital insurance policy before participating in any program or activity requiring physical activity or exertion. If a student or participant is injured or has need of medical attention, the University will obtain whatever medical or ambulance service is needed to clear the medical emergency. However, it is understood that the student is responsible for the cost of these services.

I recognize that every activity has a certain degree of risk, some more than others, I knowingly and voluntarily assume the risk of these injuries regardless of severity which from time to time occur as a result of participation in physical activities.

I will not participate in any activity if I am not in physical condition or if I have not been provided instruction and orientation sufficient for my safe participation.

I am either insured by a licensed provider or accident or health care insurance or I assume personal risk of not being insured.

I hereby release Louisiana Tech University, the University of Louisiana System, State of Louisiana, all State Departments Agencies, Boards and Commissions and their respective officers, employees, agents, or representatives from any and all liability, claims, cost, expenses, injuries, illness, or loss resulting from, in whole or part, including attorney fees for my participation in the Louisiana Tech University activity shown above.

I, the undersigned, am at least eighteen (18) years of age and have read this release form and understand all its terms. If I, the undersigned, am under the age of eighteen (18) years, in addition to my signature, my parent or legal guardian also shall state their having read, signed, and understand this release form and all its terms.

Date Participant (over 18 years of age)

Date Parent or Legal Guardian
(Only if participant is less than 18)

Name of Insurance

Policy #

WHAT TO BRING

All baseball gear

- Caps, cleats, practice pants, shorts, Sleeves, Sweats
- Catchers gear
- Bat, glove, spikes
- Extra spending money for High School Camp

REGISTER ON-LINE AT

www.latechsports.com



276 Jefferson Oaks Dr.
Ruston, IA 71270

Cell Phone: 318.235-7030
J.C. Love Field: 318.257.2527



Register Online at:
www.latechsports.com

SUMMER CAMPS

June 29, 30, July 1 • Youth

July 27, 28, 29, 30 • High School

HIGH SCHOOL FALL LEAGUE

September 21-November 16

CHRISTMAS CAMPS

December 21, 22, 23 • Youth

December 27, 28, 29 • High School

TOP DAWG CAMP DATES

SUMMER

YOUTH CAMP

JUNE 29, 30, JULY 1

Time 10 a.m. - 1 P.M. each day

HIGH SCHOOL CAMP

JULY 27, 28, 29, 30

11 a.m.-7 p.m. Daily

* FAIRFIELD INN & SUITES

* 3 Meals Per Day

FAIL

HIGH SCHOOL FAIL LEAGUE

SEPTEMBER 21 - NOVEMBER 16

6 Sundays • 8 Teams

SOUTH LOUISIANA CAMPERS

Call to reserve your spot on the free bus
that departs from North Park in Denham Springs
Call Chris Soileau • 225-667-7259

CHRISTMAS

YOUTH CAMP

DECEMBER 21, 22, 23

10 a.m. - 1 p.m. Daily

HIGH SCHOOL CAMP

DECEMBER 27, 28, 29

11 a.m.-7 p.m. Daily

9 a.m.- 12 noon (December 29th)

* FAIRFIELD INN & SUITES

* 3 Meals Per Day

★ \$50 Late Fee for late registration

★ Register by the first of the month

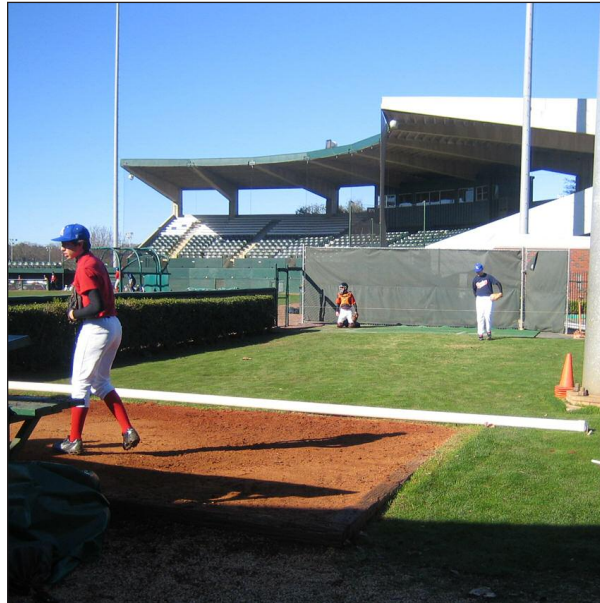
Welcome to Louisiana Tech

Top Dawg Camp

Top Dawg Camps have produced 14 signees in the last 7 seasons. It has become one of the top camps in the country. Campers will be instructed by the entire La Tech coaching staff and many current players.

Coach Simoneaux

Cell: 318.235.7030



REGISTER ON-LINE AT

www.latechsports.com

REGISTRATION INFORMATION

Check appropriate box

| | |
|--|-------|
| <input type="checkbox"/> Summer Youth Camp | \$150 |
| <input type="checkbox"/> Summer High School | \$350 |
| <input type="checkbox"/> High School Fall League | \$250 |
| <input type="checkbox"/> Christmas Youth Camp | \$150 |
| <input type="checkbox"/> Christmas High School | \$350 |

Name _____

Date of Birth _____ Grade _____

Primary Position _____

Secondary Position _____

Address _____

City _____

State _____ Zip _____

Email Address _____

Parents Names _____

Phone Home _____ Cell _____

Send this form with check payable to Top Dawg Camps to:

Top Dawg Camps
276 Jefferson Oaks Drive
Ruston, LA 71270

Any Questions:

Call Wade Simoneaux (318) 235-7030

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