



## 2012 Missouri Baseball Pitcher/Catcher Academy

### Features

- \* Detailed Pitching/Catching Instruction on how to prepare and compete at the highest level possible for the high school baseball player.
- \* An in depth look at how the Tigers prepare for every area of Pitching & Catching

### *Pitching*

### *Catching*

- \* Countless repetitions in all areas

### Staff

The University of Missouri Coaching Staff

### Registration

You may register via mail, email, or fax. Payment, your contact and insurance info below, is all you need to register.

**Cash, Money Order, & Credit Cards will only be accepted.**

The camp is open to any and all entrants (limited only by number, age, grade level, and/or gender). The NCAA prohibits an MU booster (other than a parent/legal guardian) from paying any portion of a camper's camp fees.

Name: \_\_\_\_\_ Grad Year: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Email: \_\_\_\_\_

High School: \_\_\_\_\_

Summer Team: \_\_\_\_\_

Position: \_\_\_\_\_ D.O.B. \_\_\_\_\_

### Dates

Sundays - February: 5, 12 - May: 6, 13, 20, 27 - June: 3, 10, 17, 24  
July: 1, 8, 15, 22, 29 - August: 5, 12, 19, 26

### Time

Session 1 - 5:00 pm - 6:00 pm  
Session 2 - 6:00 pm - 7:00 pm

### Cost

\$35.00 Per Session, Per Date

### Location

McArtor Indoor Facility - Simmons Field

### Eligibility

Players in Grades 9-12 & up are Eligible to Attend  
*(Maximum of 14 Pitchers & 6 Catchers per session per night)*

### Contact Info:

Address: MU Baseball 100 MATC  
Columbia, MO 65211

Fax: (573) 882-2332

Email: prattee@missouri.edu

Phone: (573) 882-1917

Credit Card #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Exp. Date: \_\_\_\_\_

3 Digit Sec. Code: \_\_\_\_\_

Sending CC info thru email is not recommended as it is not a secure form of transmission. Please call or mail in the information.

### Indemnification by Parent of Guardian of Applicant

The undersigned parent or guardian of \_\_\_\_\_ the applicant, for and in further consideration of the Baseball Clinic accepting said applicant, does hereby release and discharge the Curators of the University of Missouri and its representatives, employees and agents from any and all debts, claims, demands, actions, damages, causes of action, judgments or suits of any kind which may arise or be occasioned as a result of the applicant's participation in the Baseball Clinic and hereby, agree to have and indemnify and keep harmless the Curators of the University of Missouri, its representatives, employees and agents against any and all liability, claims, judgments, or demands for damages arising as a result of any course instruction given to the applicant by the Baseball Clinic.

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

\_\_\_\_\_  
Date

### Medical Treatment Authorization

I/We being the parents and/or legal guardians of the applicant authorize the University of Missouri and its agents permission to request emergency medical treatment or care as necessary to insure the well-being of our dependent. Further, I claim that the registrant has had a physical examination in the past year and was found fit for all physical endeavors.

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

\_\_\_\_\_  
Date

Please List any pre-existing medical conditions:

\_\_\_\_\_

Are you or your dependents entitled to benefits under any Employer Union, Group, Plan Group Blue Cross, Blue Shield, Medicare, Medicaid, or any other governmental program?

(  ) Yes (  ) No

Person carrying other insurance coverage and relationship to applicant:

\_\_\_\_\_

Employer of Sponsoring Organization: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Group Number: \_\_\_\_\_

Additional Insurance Information: \_\_\_\_\_