



2012 University of Missouri - Pitching/Catching Camp

<i>Features</i>	<i>Date</i>
Overnight camp with specific details involved with all phases of pitching. Players will learn drills, situational approaches for execution in game situations, philosophy of pitching, along with each player being video taped and swing reviewed with an MU coach. Anything involved with pitching is covered. *Players may stay overnight in the dorms or commute.	June 26 - 27, 2012
	<i>Time</i>
	Check-In, 2:30 pm on June 26, 2012 Check-Out, 3:00 pm on June 27, 2012
	<i>Cost</i>
<i>Staff</i>	\$200.00 - Overnight, \$175 - Commuter \$375 - Overnight, Both Hitting & Pitching Camp \$325 - Commuter, Both Hitting & Pitching Camp *Includes an MU Apparel Item
University of Missouri Coaching Staff, Current and Former University of Missouri Players	
<i>Equipment Needed</i>	<i>Location</i>
Baseball practice clothes, shoes, and glove. The camp will provide all team equipment. Players should have and are responsible for having identification on all personal items such as hats, gloves, & bats.	Taylor Stadium, Simmons Field
<i>Registration</i>	<i>Eligibility</i>
You may register via mail, email, or fax. Payment, your contact and insurance info below, is all you need to register. 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.	*All players 12 years and older are eligible to attend.
	<i>Contact Info:</i>
	Address: Tiger Baseball Camp 100 MATC Columbia, MO 65211 Fax: (573) 882-2332 Email: prattee@missouri.edu Phone: (573) 882-1917
	<i>Payment</i>
	*NO CHECKS. CASH, MONEY ORDER, or CREDIT CARD ACCEPTED. <i>Sending CC info thru email is not recommended as it is not a secure form of transmission. Please call or mail in the information.</i>
Name: _____ Address: _____ City: _____ State: _____ Zip: _____ Home Phone: _____ Email: _____ Position: _____ D.O.B.: _____ School & Graduation Year: _____	Credit Card #: - - - Exp. Date: _____ 3 Digit Code: _____

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: _____