



2012 University of Missouri - Tiger Baseball Camp

<i>Features</i>	<i>Date</i>
All phases of baseball will be covered. Well-organized sessions allowing for individual and group instruction. Campers are divided so that each can work with players of their own ages and abilities. Our philosophy emphasizes teaching the fundamentals and mechanics. Instruction is individually oriented regardless of skill level and experience.	June 4 - 7, 2012
	<i>Time</i>
	9:00 am - 12:00 pm each day
<i>Staff</i>	<i>Cost</i>
University of Missouri Coaching Staff, Current and Former University of Missouri Players	\$120.00 *Includes an MU Apparel Item
<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>Eligibility</i>
	*All players entering the 2nd grade to players entering the 8th grade are eligible to attend.
<i>Registration</i>	<i>Contact Info:</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.	Address: Tiger Baseball Camp 100 MATC Columbia, MO 65211 Fax: (573) 882-2332 Email: prattee@missouri.edu Phone: (573) 882-1917
	<i>Payment</i>
Name: _____ Address: _____ City: _____ State: _____ Zip: _____ Home Phone: _____ Email: _____ Position: _____ D.O.B. _____ Year in School, Fall of 2012: _____	*NO CHECKS. CASH, MONEY ORDER, or CREDIT CARD ACCEPTED. Sending CC info thru email is not recommended as it is not a secure form of transmission. Please call or mail in the information. 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: _____