

NIU



"Top Dawg" Baseball Prospect Camp

Saturday, September 19, 2009

9am-5pm
Check-in: 8:30am at Ralph McKinzie Field

Rain Date: September 20, 2009 (9am-5pm)

WHO IS ELIGIBLE
Individuals grades 9 - 12
Enrollment is limited to 72 players.

CAMP FEE - \$130
(\$25 cancellation fee)
Camp fee includes a camp t-shirt, written skill assessment, lunch and quality collegiate level instruction.

LOCATION
All baseball activities will be at Ralph McKinzie Baseball Field and at the Huskie Football Stadium on the campus of Northern Illinois University in DeKalb. Ralph McKinzie Field is located on the corner of Stadium Drive West and Stadium Drive North. Please park in lot PS.

WHAT TO BRING
Campers should bring their own glove and appropriate practice attire.

QUESTIONS
For specific questions about baseball camp, call 815-753-0147. For questions regarding registration, cancellation or general inquiries please call 815-753-5300 or e-mail sportscamps@niu.edu with.

Online information is available at
www.niuhuskies.com

Insurance and Medical Care
A member of the NIU First Aid Staff will be on call during camp activity sessions.

A parental authorization/release of information form is included and **must** be returned with the registration form. All insurance information **must** be complete or the camper **will not** participate. Campers who do not have insurance will be responsible for any medical payments.

Note: Camp includes much physical activity. Participants are encouraged to be properly conditioned.

Rules and Regulations
Campers must abide by the rules and regulations of the Huskie Baseball Camps. Any serious violations, damage to NIU camp property, or other behavior deemed detrimental to the group will result in immediate dismissal. There will be no refund of fees upon expulsion or upon voluntary withdrawal from the camp.

Registration Methods
Please complete the attached registration form and parental authorization/release of information form. If applicable, confirmation will be sent via email (check your spam folder) within 48 hours of registration receipt. If email is not an option, confirmation will be sent through U.S. mail.
Please note: There is \$25 cancellation fee

Mail completed registrations to:

NIU Huskie Sports Camps
219 Convocation Center
DeKalb, Illinois 60115

Online registration is available at
www.niuhuskies.com

Phone: 815-753-5300
Fax: 815-753-7700

Registrations must be received by September 4th

NON PROFIT
U.S. POSTAGE PAID
NORTHERN ILLINOIS
UNIVERSITY

NIU Baseball Camp
Northern Illinois University
219 Convocation Center
DeKalb, IL 60115



NIU

NORTHERN ILLINOIS UNIVERSITY

"TOP DAWG" BASEBALL PROSPECT CAMP

SEPTEMBER 19, 2009



OFFICIAL HUSKIE • SPORTSCAMP
www.niuhuskies.com



NORTHERN ILLINOIS UNIVERSITY
2009 Top Dawg Baseball Camp
 Registration Form

Camper's Name _____

Parental Contact _____

Address _____

City _____ State _____ Zip _____

Home Phone (_____) _____

Day Phone (_____) _____

Parent's E-mail _____
 (for confirmation of registration)

Please fill in both primary and secondary positions.

PRIMARY POSITION _____

SECONDARY POSITION _____

GRADE: FR SO JR SR

AGE: 15 16 17 18

ADULT T-SHIRT SIZE: S M LG XL

School _____

"Top Dawg" Baseball Camp – 09/19/09

\$130 Fee

10% NIU Employee Discount (\$117)

There is a \$25 cancellation fee

Please enclose special accessibility accommodation request(s)

Total Amount \$ _____ (checks payable to NIU)

To pay with a credit card, please register online at:
www.niuhuskies.com

REQUIRED

PARENTAL AUTHORIZATION/RELEASE OF INFORMATION
CONSENT TO TREATMENT
LIMITATION AND WAIVER OF LIABILITY

In partial consideration of our child's acceptance into the Northern Illinois **Baseball Camp**, I/we as parents of

Camper's Name _____

do hereby agree to limit the liability of the Northern Illinois University Sports Camps, Northern Illinois University, its employees, agents, officers, staff and physicians, to the coverage of the medical insurance policy covering participants in the Northern Illinois University Sports Camps as explained in this brochure, which we have read and understand. I/we further agree to waive all liability, except for loss caused by gross negligence, of the Northern Illinois University Sports Camps, the Board of Trustees of Northern Illinois University, its employees, agents, officers, staff and physicians, for any accident, injury (including death), illness or other mishap which might befall the above-named camper while traveling to or from, or during his/her attendance at the Northern Illinois University Sports Camps, which is not covered by said medical insurance policy.

Further, I/we hereby grant permission to the staff and physicians of Northern Illinois University, and medical or surgical consultant deemed advisable, and any hospital to render to the above-named camper any medical and surgical treatment that they deem necessary. I/we understand that all possible effort will be made to inform me/us in case of such treatment.

This health history is correct to the best of my/our knowledge and my/our son/daughter has my/our permission to participate in camp activities with the exception of those noted under physical restrictions.

I authorize Kishwaukee Community Hospital, University Health Service and the DeKalb Clinic to release medical information regarding the above named participant to interested parties including parents and family physician.

 PARENT OR LEGAL GUARDIAN'S NAME (printed)

 SIGNATURE

_____/_____/_____
 DATE

(_____) _____
 PHONE: Day

(_____) _____
 PHONE: Emergency

(_____) _____
 PHONE: Cell

CAMPER'S HEALTH FORM - REQUIRED

To be completed by the camper's parent or legal guardian

CIRCLE YES/NO/NONE OR ENTER INFORMATION
 ALL INFORMATION MUST BE COMPLETED IN ORDER TO PARTICIPATE IN THE CAMP.

YES/NO **Asthma** YES/NO **Convulsions/Seizures**

YES/NO **Heart Disease** YES/NO **Bleeding Disorders**

YES/NO **Diabetes** YES/NO **Rheumatic Fever**

YES/NO **Head Injury/Concussions**

Allergies to Drugs / NONE _____

Allergies to Foods / NONE _____

Current Medications / NONE _____

Chronic or Recurring Illnesses / NONE _____

Operations/Injuries (including dates) / NONE _____

Physical Restrictions / NONE _____

Physician Name _____

Physician Telephone _____

Camper's Date of Birth ____/____/____

Insurance Information - REQUIRED

Insured Name _____

Name of Company _____

Address _____

Policy Number _____

Phone Number _____

A doctor's release must be attached if camper is recovering from a recent illness or injury, or if he/she will be participating with a cast or splint.



NIU BASEBALL
"TOP DAWG"
PROSPECT CAMP

This camp is designed for the serious high school baseball player who intends to play baseball at the college level. The focus will be on improving your skills and providing feedback that will assist you in your goal to play collegiate baseball.

The camp training format will feature instruction in hitting and fielding skills, stretching, flexibility, agility, long toss and information on the recruiting process.

In order to maximize baseball knowledge and exposure, camp instructors will include the Northern Illinois Baseball Staff, along with coaches from other levels of college baseball, current NIU players and former NIU players in professional baseball (if scheduling permits).

Parents are invited to observe the camp.

