

**Darin Hendrickson Baseball Camps  
Presents:**

***Billiken  
Baseball  
Camp***

**Saturday, September 22<sup>nd</sup>  
OR**

**Sunday, September 23<sup>rd</sup>**

**9 a.m. - 4 p.m. each day**

Billiken Sports Center

Open to High School Players  
Graduating 2008, 2009, 2010

Come be instructed on your Baseball Skills and potential to play at the college level. The clinic will feature a pro style work out with quality instruction and evaluation by the Saint Louis University staff. The clinic cost is \$125 and registration is limited to the first 75 applicants. This camp fills quickly so

register NOW. This camp is one day only – being offered on Saturday from 9:00 a.m. to 4:00 p.m. or Sunday from 9:00 a.m. to 4:00 p.m.

## Billiken Baseball Camp Application

**Full Payment of \$125 must accompany this application and the release and waiver of liability form below. Please send completed registration and release form along with payment to:**

**Darin Hendrickson Baseball Camp, Saint Louis University Athletic Department, 3672 West Pine Mall, St. Louis MO 63108.**

**Name:** \_\_\_\_\_ **Phone** \_\_\_\_\_

**High School** \_\_\_\_\_ **Height/Weight** \_\_\_\_\_

**Age:** \_\_\_\_\_

**Primary Position** \_\_\_\_\_ **Graduation Year** \_\_\_\_\_

**Email** \_\_\_\_\_ **Parent's Email** \_\_\_\_\_

**Address** \_\_\_\_\_ **City** \_\_\_\_\_

**State** \_\_\_\_ **Zip** \_\_\_\_\_

**Parent/Guardian Name (Full Name)**

\_\_\_\_\_

**Primary Phone** \_\_\_\_\_ **Secondary Phone** \_\_\_\_\_

**Please Check One Date only:**

**Saturday September 22** \_\_\_\_\_

**Sunday September 23** \_\_\_\_\_

**PLEASE SEE BELOW FOR SIGNATURE -  
BOTH FORMS MUST BE RETURNED**

**SAINT LOUIS UNIVERSITY ATHLETIC CAMP RELEASE AND  
WAIVER OF LIABILITY**

I understand playing or participation in the sport of baseball may be a potentially dangerous activity involving risk of injury. I understand that in any contact sport, such as the sport involved in this camp, an athletic participant can be seriously injured.

I am aware that the dangers and risks of my child's/ward's playing or participating in the above sport include, but are not limited to, falls, contact or collisions with other participants, equipment and facilities, and the effects of weather, including high heat and humidity (facilities are not air conditioned). I understand that my child/ward may incur a serious injury, including paralysis or death, as a result of the dangers and risk associated with the sport above. I have certified to Darin Hendrickson by my signature below, that my child/ward is in good health and physical condition and sufficiently able to participate in the above sport and the camp. I understand that Darin Hendrickson recommends that my child/ward obtain a physical examination to identify any physical condition or limitation of which I might not be aware that could affect his participation in the above named sport. I have advised Darin Hendrickson of any limitations of my child's/ward's activities for medical reasons.

Knowing and having been informed of the potential dangers and risks associated with playing the above sport, and in consideration of my child/ward being allowed to participate in the camp, I hereby agree on behalf of myself, my family members and my child/ward to assume all such risks and, further, to waive, release discharge and hold harmless Darin Hendrickson, Saint Louis University, and their respective employees, agents, representatives, physicians, athletic trainers and volunteers ("Releases") from any and all liability, actions, causes of actions, claims or demands for personal injury, death or property damage of any kind or nature, and any other claims whatsoever arising out of, or in any way connected with my child's/ward's playing and participating in the above sport and camp, whether caused by negligence of Releases or otherwise. This Release and Waiver extends to all claims of every kind or nature whatsoever, foreseen or

unforeseen, known or unknown. The terms hereof shall serve as an assumption of risk release and waiver for myself, my family, my child/ward and our heirs, executors, administrators, guardians, or anyone else who might assert a claim on our behalf.

I have been advised that the camp will provide secondary medical insurance coverage for camp participants. I understand that this insurance is not a substitute for my primary insurance and provides maximum coverage up to \$10,000 in accordance with the terms of the secondary insurance plan/policy.

I hereby consent to permit Darin Hendrickson and staff working at the camp to arrange for emergency first-aid or medical treatment for my child/ward, according to their best judgment, in the event he/she suffers an injury or illness while participating in the camp or on the camp premises.

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Signature of Parent or Legal Guardian

Date

\*It is understood that this is a private camp held by Darin Hendrickson and the Darin Hendrickson has a license to use the name and marks of Saint Louis University. Saint Louis University has no financial or legal responsibility for this camp.