



2012 Jim Schlossnagle January Camp

Features:

- * Detailed instruction on how to prepare at the highest level possible for the high school baseball season
- * An in depth look at how the Frogs train for their collegiate season
- * Thorough position specific work
- * An opportunity to be evaluated by the entire coaching staff in all areas of the game
- * An inside look at all TCU Baseball Facilities
- * Coaching from the entire staff
- * Countless repetitions
- * Thorough discussion on the ins and outs of TCU Baseball
- * Simulated Game Situations

Staff: The entire Texas Christian University Coaching Staff along with assistance from current and former players

Registration:

Registration will consist of simply emailing or faxing in a signed brochure with position(s) listed in addition to a completed insurance form. The day of camp we will accept payment at which time you will receive a practice jersey for the workout. Please be sure to confirm your attendance in advance!

Date:

Sunday, January 22nd

Time:

Start at 12:00 p.m.

Approximate Finish at 4:30 pm

Cost:

\$45.00

Eligibility:

Players in grades 10,11,&12 are eligible to attend (*max of 40 players total*)

Contact Info:

Address: Lupton Baseball Stadium
TCU Box 297600
Fort Worth, TX 76129

Fax: 817-257-5362

Email: t.vitello@tcu.edu

Phone: 817-343-0915

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 Texas Christian University and its representatives, employees and agents from any and all debts, claims, demands, actions, damages, causes of action, judgements 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 Texas Christian University, 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 Texas Christian University 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: _____