

# TEXAS TECH INFIELD CAMP

**Ages:** 11-18

**Cost:** \$100.00

**Dates:** January 13, 20, 27 – 2008 (Campers will attend all three sessions)

**Times:** 1-4 p.m.

Come join the Texas Tech Coaches and players for this exclusive infield camp. Campers will learn the fundamentals of infield play. They will be exposed to drills, live ground balls, and game like situations. Campers will learn proper footwork, double play mechanics, cuts and relays, fielding the slow roller, and much more.

For more information please contact camp coordinator Trent Petrie at [trent.petrie@ttu.edu](mailto:trent.petrie@ttu.edu). He can also be reached at 806-742-2756 Ext. 401.

Registration forms can be faxed to 806-742-0210.

Each camper will receive a Texas Tech Baseball t-shirt.

*\$10.00 discount for teams with three or more campers.*

# REGISTRATION FORM

FULL NAME: \_\_\_\_\_

AGE: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PARENT EMAIL ADDRESS: \_\_\_\_\_

DAYTIME PHONE NUMBER: \_\_\_\_\_

EVENING PHONE NUMBER: \_\_\_\_\_

SCHOOL CURRENTLY ATTENDING: \_\_\_\_\_

T-SHIRT SIZE: \_\_\_\_\_

Payment will be accepted on the first day of camp (Jan. 13). Cash or checks will be accepted. *Sorry no credit cards.* Campers will attend all three sessions on Jan 13, 20 and 27. For more information, contact Trent Petrie at (806) 742-2756 Ext. 401.

Please fax your registration and parental authorization form to (806)-742-0210 or you can email it to [trent.petrie@ttu.edu](mailto:trent.petrie@ttu.edu).

### Parental Authorization

All information on this form must be completed in order to guarantee a place in the camp.

#### CONSENT FOR MEDICAL TREATMENT OF A MINOR AND RELEASE OF RESPONSIBILITY

I, \_\_\_\_\_ (Full name of Parent/Guardian) declare that I am the \_\_\_\_\_ (Father/Mother/Guardian) of \_\_\_\_\_ (Full name of minor). I hereby authorize the staff of the Red Raider Baseball Camp, located in the city of Lubbock, County of Lubbock, and State of Texas to consent any examination care necessitated by injury or illness while the above named child is attending any of the Red Raider Baseball Camps. Such treatment is to be rendered to the minor under special supervision and on the advice of a physician licensed to practice in the state of Texas. I hereby waive and release the camp from any and all liability for injuries or illness incurred while at camp, or while traveling to and from the camp. I agree that I will pay any hospital expenses, doctor bills, or any other expenses that may be incurred as a result of treatment given to my daughter for camp related injuries in excess of that provided by the campers' insurance. I understand that "campers insurance" does not cover any expenses incurred as a result of illness. I make these statements and commitments as consideration for your allowing my daughter to be enrolled in your camp and to take part in all of its activities.

I hereby certify that I have read and fully understand this authorization.

Date \_\_\_\_\_ Signature \_\_\_\_\_

Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_

### Physician Approval

I have examined \_\_\_\_\_ and found her to be healthy to compete in basketball and general recreational activities of his/her choosing during the 2007 Red Raider Baseball Camps.

Medical Conditions \_\_\_\_\_

Current Medications \_\_\_\_\_

Allergies \_\_\_\_\_

Physician's Signature \_\_\_\_\_

Phone \_\_\_\_\_

### Emergency Contact

Contact First Name \_\_\_\_\_

Relationship to participant \_\_\_\_\_

Day phone \_\_\_\_\_

Night Phone \_\_\_\_\_

### Accident Insurance Coverage of Family and Children

Insurance Company Name \_\_\_\_\_

Insurance Policy Number \_\_\_\_\_

Type of Insurance : (Explain) \_\_\_\_\_

Signature of Parent or Guardian \_\_\_\_\_

Date: \_\_\_\_\_