

XAVIER UNIVERSITY PITCHER/CATCHER CAMP

Pitcher/Catcher Prospect Camp: December 28th, 10AM-2PM

Who: '08, '09, '10 Pitchers/Catchers
Cost: \$75.00
Where: Xavier University's Schmidt Fieldhouse
(Off Victory Parkway)

CAMP STAFF

Scott Googins: Camp Director and Xavier University Head Baseball Coach

Scott Googins is in his third year as the head baseball coach at Xavier University.

~Googins has been a collegiate baseball coach for 15 years, spending 8 years at Indiana University and 4 years at Miami University previous to his move to Xavier.

~Xavier is coming off a successful season, going to the Atlantic Ten Conference Tournament and finishing fourth. The appearance is Xavier's first in five years.

-Googins has coached numerous MLB drafts as well as assisting the 1996 Big Ten Championship team from Indiana University.

J.D. Heilmann: Xavier University Pitching Coach and Recruiting Coordinator

Zach Schmidt: Xavier University Assistant Coach and former third baseman, Florence Freedom

**Current and former Xavier University Baseball Players

Objectives:

~To provide players a solid foundation in the mechanics of pitching and catching through one-on-one instruction. Players will be exposed to different drills and various pitching/catching techniques.

Important Facts:

~Campers will receive a Camp T-Shirt, and quality professional baseball instruction.
~Campers will have use of Casey Pro ATEC Pitching Machine, Swing Away Hitting Machine

What to Bring:

~Hat, bat, glove, batting gloves
~Athletic clothing and sneakers/turf shoes
~Protective gear and catching equipment

A check or money order must accompany this application or you can register online at goxavier.com to secure a place in camp.

**For more information, please call the Xavier Baseball office at 513.745.2890

Please mail check or money order with application to: Xavier University Baseball
3800 Victory Pkwy.
Cincinnati, OH 45207

**Refunds less a \$25 handling fee will be available until December 15th.

Registration Form

Prospect Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Parent/Guardian Name: _____

Home Phone: _____ **Emergency Phone:** _____

E-mail Address: _____

T-shirt size: **Adult** **S** **M** **L** **XL**

Age / Year in School: _____

School: _____

Position: _____

Waiver of Liability: None of the instructors are qualified physicians. Participation in the camp is at your own risk and neither ATHLETIC Values, nor any coach or instructor, shall be liable for any injury or damages resulting from your participation in the camp. We urge you to consult with a qualified physician before attending the camp. By signing this form, you, on behalf of yourself and your son or other persons for whom you are a legal guardian, confirm: (1) That you understand the statements contained on this form; and (2) that you release ATHLETIC Values and each coach and instructor from any claim, liability, injury, or damages occurring during this camp.

Parent/Guardian Signature: _____

Date: _____

*Please make checks payable to ATHLETIC Values