



XAVIER BASEBALL

2012 Winter Prospect Camps

January 14 & January 15

CAMP OVERVIEW

The annual Xavier Baseball Winter Prospect Camps provide an excellent opportunity for high school freshman, sophomores, juniors, and seniors to be instructed and evaluated by the Xavier staff. **The staff will be present at all times throughout the camps, including Head Coach Scott Googins, Hitting Coach Danny Hayden, and Pitching Coach Nick Otte.** The participants will have the opportunity to be instructed in **Hitting, Pitching, and Catching.** The Xavier Baseball Winter Prospect Camps are designed for the serious baseball player, one who has the interest and desire to play collegiate and/or professional baseball.

TUITION AND DATES

Campers have the option to attend the Prospect Hitting Camp and/or the Prospect Pitching and Catching Camp. The Hitting Camp will be held on Saturday, January 14th. The Pitching and Catching Camp will be held on Sunday, January 15th. A tentative schedule for each camp is below. The cost to attend the one-day Prospect Hitting Camp is \$100.00 and \$100.00 for the one day Prospect Pitching and Catching Camp. Any prospect interested in attending both camps will receive a discounted rate of \$175.00 for both. Upon arrival, all campers will receive a **Xavier Baseball t-shirt.**

PROPOSED CAMP SCHEDULE (E.S.T.) *

Hitting	Pitching/Catching
9:30-10:00 Registration	9:30-10:00 Registration
10:00-10:15 Welcome & Introductions	10:00-10:30 Introduction
10:15-11:15 Instruction / Drills	10:30-11:30 Pos. Drills
11:15-11:45 Break	11:30-12:15 Bullpens
11:45-1:00 Instruction/Drills/Video/Competitions	12:15-1:00 C's Pop Times
1:00-1:30 Overview and Wrap Up	1:00-1:30 Wrap Up

*Schedule Permitted to Change Based on Attendance

WHO CAN ATTEND

The camp is restricted to those individuals currently enrolled in high school as of fall 2010. A maximum of 40 prospective student-athletes (6:1 prospect to instructor ratio) will be admitted to each camp on a first come, first serve basis.

SITE AND FACILITY

The setting for the Xavier Baseball Winter Camps is the Schmidt Fieldhouse on the nationally renowned campus of the Xavier University, located in Cincinnati, OH.





APPLICATION PROCEDURE

All prospective campers must submit a completed application form. Applications will be processed on a **FIRST COME, FIRST SERVED** basis until all positions are filled. Acceptance of a camper will be verified upon receipt of the confirmation packet. *Application, Consent to Treatment, and Health Form must be completed and sent, along with FULL payment, to:*

Xavier University
Baseball Office/Camp
3800 Victory Parkway
Cincinnati, OH 45207-6114

Please make checks payable to **Athletic Values**. Credit card payments can be processed through the on-line registration by going to www.goxavier.com and clicking on the baseball tab.

After receipt of application, no refunds will be given.

INSURANCE

Liability and medical insurance for those participating in the Xavier Baseball Prospect Camps will be provided through Lloyds National Insurance. Any questions or concerns regarding insurance may be directed to Coach Billy O’Conner.

GENERAL INFORMATION

Each camper must bring his own baseball equipment. Players will need their own bat, glove, batting gloves, turfs/tennis shoes, and catchers must bring their own gear. All campers will be issued a Xavier Baseball t-shirt to be worn during camp. However, all campers must bring their own baseball pants and hat. Lunch will **not** be provided, but there will be a brief break time in which players will be able to eat a snack if they choose to bring one. If you have any questions concerning camp, please contact Coach Billy O’Conner @ 513-207-8078 or bocommer22@yahoo.com.

TRANSPORTATION

Each camper will be responsible for all areas of transportation, including to and from the hotel and camp each day.

NOTE: Please do not make reservations until you have received your confirmation of registration.

* Xavier Baseball Prospect Camps are a private entity of Head Coach Scott Googins, and in no way is sponsored by nor affiliated with Xavier University or the Xavier Athletic Department.*

Name: _____ Year of High School Graduation: _____
Address _____ : Phone Number: () _____ - _____
City: _____ State: _____ Zip: _____ T-shirt Size: _____
High School: _____ H.S. City/State: _____
Best College Position: _____ Height: _____ Weight: _____ E-Mail: _____





SESSION ATTENDING (circle): Jan. 14 Hitting Camp

Jan. 15 Pitching/Catching Camp
Both

CONSENT TO TREATMENT LIMITATION AND WAIVER OF LIABILITY

WAVIER & RELEASE: I do hereby waive, release, and discharge Xavier Baseball Prospect Camp, Xavier University, and all respective staff and employees of said camp from any and all rights and claims for damages resulting from injuries to my person or property that may be sustained or suffered by my child in connection with, participation in, or arising out of traveling to or from Xavier Baseball Prospect Camps. We, the parents or guardians, agree to the above's participation in said camp including any emergency services or release of medical information, if necessary. I have read the and hereby accept the conditions described in this brochure.

Parent/Legal Guardian's Name (printed): _____ Signature: _____
Day Telephone: (____)____ - _____ Night Telephone: (____)____ - _____
Emergency Contact: _____ Emergency Telephone: (____)____ - _____

CAMPER'S HEALTH FORM

To be completed and signed by camper's parents or legal guardian

_____ Asthma _____ Diabetes _____ Heart Disease _____ Rheumatic Fever Bleeding
_____ Disorders _____ Convulsions/Seizures
_____ Head Injury/Concussions

Allergies to Drugs: _____ Allergies to Foods: _____
Last Tetanus Immunization (date): _____
Current Medications: _____
Chronic or Recurring Illnesses: _____
Operations/Injuries (include dates): _____
Physical Restrictions*: _____
Physician Telephone: (____)____ - _____ Dentist Telephone: (____)____ - _____
Medical Insurance: _____ Policy Number: _____

PARENT AUTHORIZATION FOR RELEASE OF INFORMATION

This health history is correct to the best of my knowledge and my son has my permission to participate in camp activities with the exception of those noted above*. I authorize Xavier University to release medical information regarding the above-named participant to interested parties including parents and family physician.

Parent or Legal Guardian Must Sign Here: _____

I have read and I understand the camp program and application process as described in this brochure.

Parent or Legal Guardian Must Sign Here: _____

