



BLAZER BASEBALL

2016 FALL ACADEMY

The Blazer Baseball Academy is open to students in grades 8 through 12.

Dates: August 16 – September 15 (Games begin 8/22/16 - players have two games/week)

Times: Monday, Tuesday, Thursday
5:30 pm – 7:00 pm *Schedule will be released once workouts are complete.*
7:15 pm – 8:45 pm

Location: Billy Grant Field

Cost: \$200 includes Fall Exposure Camp enrollment, game jersey, and instruction

The Academy will begin with a pro-style workout and information session on Tuesday, August 16 at 5:30 pm.

- 60 yard time ● Fielding evaluation ● Bat speed calculation
 - Throw from position ● Batting practice ● Arm strength evaluation
- All players will receive a written evaluation of their skills during the Fall Exposure Camp.*

Hitting instruction with VSU coaches is available each Wednesday during the Academy. Instruction will be done in the indoor hitting facility from 5:30 pm – 7:00 pm. Players who are interested can pay as they go for \$20.00 for a thirty minute session.

Each Academy game will be conducted like a VSU intrasquad game:

- Pregame stretching ● Prescribed throwing ● Five/Six batters faced per inning
- Complete stats ● In-game instruction ● Arm care instruction

Registration Information – *Deadline for registration is Friday, August 12*

Camper Name		Cell Number	
Home Address	City	State	Zip Code
Age	Grade	School	Email
Positions: 1. _____ 2. _____ Bats: <input type="checkbox"/> R <input type="checkbox"/> L Jersey Size: <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/> XXL			

A medical form must be completed for each camper. Please send registration form, payment, and medical forms to VSU Baseball, 1500 North Patterson Street, Valdosta, GA, 31698

MEDICAL HISTORY FORM / RELEASE
AND WAIVER OF LIABILITY

ALL AREAS OF THIS FORM MUST BE COMPLETED AND SIGNED PRIOR TO CAMP PARTICIPATION

CAMPER LAST Name FIRST Name Nickname Date of Birth (mm/dd/yyyy)

Grade Parent/Guardian Name(s) Relationship

Does camper have allergies? No Yes – List: _____

Is camper currently on medications? No Yes – List: _____

Does camper have loss of a paired organ (kidney, eye, etc.)? No Yes – List: _____

If you have answered "YES" to any of the above, you must include a physician's permission to participate.

IN CASE OF EMERGENCY – Please list phone numbers in order of preference; check phone type.

PRIMARY CONTACT Relationship Cell Work Home Cell Work Home

SECONDARY CONTACT Relationship Cell Work Home Cell Work Home

OTHER CONTACT Relationship Cell Work Home Cell Work Home

Medical Insurance Company Name Policy Holder Name Policy Number

Any instructions regarding your insurance: _____

I/We, the undersigned, hereby certify that I/we am/are the parent/legal guardian of the camper. I hereby give permission for the staff of the Camp to seek, during the period of Camp, appropriate medical attention for the camper and for medical attention to be given and for the camper to receive medical attention in the event of an accident, injury or illness. I will be responsible for any and all costs of medical attention and treatment.

I/We, the undersigned, for ourselves and/or as guardians of _____ (camper name) understand that baseball is an active, physical sport and that injuries can take place during play. I/We also understand that there will be a number of children attending camp, there will be a limited number of coaches and/or counselors, and my/our child cannot receive individualized attention and supervision all of the time. I/We understand that, as with any sport, injuries can occur, and we hereby acknowledge that my/our child is physically fit and mentally capable of participating in these camp activities. I/We also understand that it is my/our responsibility in caring for the camper listed above, to be assured that he/she is fully capable of engaging in this sport's activity, and I/we are confident that he/she is able to engage in such sport.

For the sole consideration of my child's participation in the Camp as outlined, above I agree to indemnify and hold harmless Valdosta State University and the Board of Regents of the University System of Georgia their members individually and their officers, agents, and employees (current and former) from any and all claims, demands, claims for attorney's fees whatever kind or nature which might be asserted against them, rights and causes of actions of whatever kind, by or on behalf of myself, my heirs, assigns, attorneys in fact, attorneys at law, personal representatives, dependents, or otherwise, arising from my Child's participation in connection with his/her activities at and through Valdosta State University.

I hereby certify that I am eighteen (18) years of age or older, suffering under no legal disabilities, that I have read the foregoing document carefully and hereby sign this agreement voluntarily and of my own free will.

Parent/Guardian Signature PRINT Parent/Guardian Name Date

Please complete this form and return it with your registration and payment to reserve your space.