

2011 Shawnee State University Baseball Summer Youth Camp

Shawnee State University Baseball will conduct a youth baseball camp on Tuesday June 7th through Thursday June 9th at Branch Rickey Park in Portsmouth, OH. The cost will be **\$40** for all players. This camp is intended for all interested players between the ages of 6-14 years old. The following is the itinerary for the camp.

<u>Time</u>	<u>Agenda</u>
9:00	Check In
9:15	Defensive Instruction
10:15	Offensive Instruction
11:15	Pitching/Catching Instruction
12:00	Dismiss

Payment Method

Please send a registration form and check to the address below by June 3rd.
Make checks out to **SSU Baseball**.

Shawnee State University Baseball
940 2nd Street
Portsmouth, OH 45662

AGREEMENT: I the parent/legal guardian/participant understand that enrolling for a Shawnee State University league/camp/clinic/practice time are enrolling at his/her/my own risk. Shawnee State University, its owners, employees, agents, contractors shall not be liable for any damage whatsoever involving personal injury or property that is lost, stolen, or damaged by participant and his/her/my family in or about any programs in the facility. Participants and parents assume full responsibility for all injuries and damages which may occur in or about any programs on the premises and he/she/I do or does hereby fully release and forever release, discharge and hold harmless Shawnee State University, all its owners, employees, agents, contractors from any and all claims, demands, damages, rights of action, present or future resulting or arising out of any person's participation in any programs or use of the facility. In addition, he/she/I agree(s) to follow the rules of play and conduct set by Shawnee State University. He/she/I understand that failure to follow set rules may result in suspension from participation.

CONSENT: I, the parent of/ guardian of/ participant hereby verify that are in good health and assume the health responsibility for the participant and do hereby grant authority to the staff of Shawnee State University to render judgment concerning medical assistance or hospital care in the event of an accident or illness during my absence. I hereby authorize Shawnee State University and its assigns to utilize any and all photographs, pictures or other likeness of me as they deem appropriate in its promotional materials.

Player's Name

Parent/Legal Guardian

Team Name

Home Phone

Address

Cell Phone

City/State/Zip

Email Address

Date of Birth/Sex

M F

Emergency Contact Name/#

Parent/Legal Guardian's Signature
(if the player is 18 years old or younger)

Date

