

Oklahoma City Baseball Camp, LLC
2501 N. Blackwelder Oklahoma City, OK 73106
Camp Phone # 405-305-2237
okcbaseballcamp@gmail.com

2017 Winter Hitting Camp

The winter hitting camp will be run the same way as in the past. Each session will be 1 hr 45 min long. It will run for 7 weeks. Each player will attend 7 sessions. **There will be no switching of camp sessions during the camp.** Each session will contain no more than 12 kids. Once I have 12 in a session, I will close the session. In order to get the session you want, please get me your registration form and check as soon as possible.

Camp Date: The camp will start at the end of October and go through the middle of December. You will come the same day and time every week for 7 weeks.

Wednesday: Oct. 25, Nov. 1, Nov. 8, Nov. 15, Nov. 29, Dec. 6, Dec. 13
Thursday: Oct. 26, Nov. 2, Nov. 9, Nov. 16, Nov. 30, Dec. 7, Dec. 14
Friday: Oct. 27, Nov. 3, Nov. 10, Nov. 17, Dec. 1, Dec. 8, Dec. 15
Monday: Oct. 30, Nov. 6, Nov. 13, Nov. 20, Nov. 27, Dec. 4, Dec. 11
Tuesday: Oct. 31, Nov. 7, Nov. 14, Nov. 21, Nov. 28, Dec. 5, Dec. 12

Camp Attire and Equipment

Baseball pants or shorts, turf or tennis shoes, baseball bat, helmet (No cleats in the indoor facility)

Camp Cost \$300 (\$250 for multiple campers)

Camp Facilities

The camp will be held at Jim Wade Stadium on the campus of Oklahoma City University, home of the 2005 NAIA National Champion OCU Stars.

Supervision and Instruction

Oklahoma City Baseball Camp will be run by the coaching staff at Oklahoma City University. The Camp has a zero tolerance policy towards any disruptive or unprofessional behavior both on and off the playing field. In the event any of unruly behavior was to occur, parents will be called immediately and asked to come and get their son. There will be absolutely no refund in such instances.

Registration Deadline: Friday, October 20th, 2017

***Typically this camp fills up very fast and will before the deadline. It is extremely important to get registered ASAP to be sure of a spot.**

QUESTIONS REGARDING CAMP INFORMATION, PLEASE CONTACT DEREK SNELL 405-305-2237 OR EMAIL okcbaseballcamp@gmail.com

CAMP REGISTRATION FORM IS ON THE BACK PAGE, PLEASE KEEP THIS PAGE FOR INFORMATION ABOUT THE CAMP AND SCHEDULE

CAMP REGISTRATION FORM
(Please mail this registration form and your check to the address listed on the 1st page)

Camper Name _____ Age _____ Grade _____

Check session attending

___ Monday 6:00 PM ___ Thursday 6:00 PM

___ Monday 7:45 PM ___ Thursday 7:45 PM

___ Tuesday 6:00 PM ___ Friday 6:00 PM

___ Wednesday 7:45 PM

Name of Parent/Guardian _____

Address _____

City _____ Zip Code _____

Phone # _____ 2nd Phone # _____

Email _____

Medical Release/Approval

In consideration of being allowed to participate in this camp, I hereby RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SUE the Oklahoma City University, the Board of Regents of the Oklahoma City University, and their officers, servants, agents or employees (hereinafter referred to RELEASEE) from any and all liability, claims, demands, or course of action whatsoever arising out of or related to any loss, damage or injury, including death, that may be sustained by me/my child, or to any property belonging to me/my child, WHETHER CAUSED BY NEGLIGENCE OF THE RELEASEE, or otherwise, while participation in this camp, or while in, or on the premises where the Camp is being conducted. To the best of my knowledge I/my child am/is in good physical condition and I am not aware of any physical infirmity which would place me/my child at risk to participate in any way with the Camp's activities. I am fully aware of the risks and hazards connected with this camp. I VOLUNTARILY ASSUME RESPONSIBILITY FOR ANY RISK OF LOSS, PROPERTY DAMAGE OR PERSONAL INJURY, INCLUDING DEATH, that may be sustained by me/my child, or any loss or damage to property owned by me/my child, as a result of being engaged in the Camps activities, WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEE, or otherwise. I further hereby AGREE TO INDEMNIFY AND HOLD HARMLESS, the RELEASEE, from any loss, liability, damage or cost, including court costs and attorneys' fees, that may be related to me/my child's participation in the Camp, WHETHER CAUSED BY NEGLIGENCE OF RELEASEE or otherwise.

During the period of the Camp, I hereby give my permission for the staff of the Oklahoma City University or this Camp to administer appropriate medical attention to me/my child in the event of any accident, illness or injury. I will be responsible for any and all costs of medical coverage and treatment provided not covered by insurance. It is my express intent that this Waiver of Liability and Hold Harmless Agreement Consent to Medical Treatment shall bind the members of my family and spouse, if I am alive, and my heirs, assigns and personal representative, if I am deceased, and shall be deemed as a RELEASE, WAIVER, this Waiver of Liability and Hold Harmless Agreement/consent to Medical Treatment shall be construed in accordance with the laws of the State of Oklahoma. In signing this release, I acknowledge and represent that I have read and understand it and sign it voluntarily: I am at least 18 years of age and fully competent; and I execute this release for full, adequate and complete considerations fully intending to be bound by the same

I HAVE FULLY READ THIS WAIVER OF LIABILITY AND FULLY UNDERSTAND ITS TERMS. I UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT

(Please attach any further medical information that might be pertinent)

This is not an official function of the Oklahoma City University

Parent/Guardian Name _____

Signature _____ Date _____