

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

Camp email: okcbaseballcamp@gmail.com
Camp website: www.okcbaseballcamps.com

2017 Winter Pitching Camp (Ages 10-18)

The Winter Pitching Camp will be instructed by Oklahoma City University Assistant Baseball Coach Terrence Jackson and former OCU pitcher and Miami Marlins minor league pitcher Cody Crabaugh. The camp will be held on Saturday mornings starting the first week of November and will last for 7 weeks.

Camp Day/Time

Saturdays from 11:00am-1:00pm Nov. 4th, Nov. 11th, Nov. 18th, Nov. 25th, Dec. 2nd, Dec. 9th, Dec. 16th

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.

Camp Attire and Equipment

Baseball pants or shorts, turf or tennis shoes, baseball cleats, and baseball glove

Camp Cost \$250

Supervision

The Oklahoma City Baseball Camp takes great pride in the safety and well being of all the campers who choose to attend. The Oklahoma City baseball 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, November 3rd

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 FALL CAMP AND SCHEDULE

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

Camper Name _____ Age _____ Grade _____

Name of Parent/Guardian _____

Address _____

City _____ Zip _____

Phone # _____ 2nd Phone # _____

Email _____

Emergency Contact Name: _____

Emergency Contact Phone # _____

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 Camp's 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 _____