

Oklahoma City Baseball Camp

2501 N. Blackwelder

Oklahoma City, OK. 73106

Camp Phone (405)305-2237

Camp Website: www.okcbaseballcamps.com

Email: okcbaseballcamp@gmail.com

2015 Summer Baseball Camps and Dates

All-Star (Hitting and Defense)

Ages 8-11 June 8-11 (\$250)

Ages 12-18 June 15-18 (\$250)



2005 NAIA National Champions

Camp Overview: The summer camp will be an all skills baseball camp. Instructors will include the baseball coaching staff at Oklahoma City University. OKC Baseball Camp takes great pride in proper instruction of the game as well as proper mechanics.

Camp Dates: Junior All-Star (Ages 8-11) June 8-11
Senior All-Star (Ages 12-18) June 15-18

Registration Deadline: Thursday, June 4
Registration Deadline: Thursday, June 11

Camp Essentials: Baseball pants or shorts, cleats and turf or tennis shoes, fielding gloves, bat, and catchers will need their catcher's equipment. ***Bring Daily Sack Lunch and Drink**

Camp Payment \$250

Camp Facilities: The Camp will be held at Jim Wade Stadium on the Campus of Oklahoma City University

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.

Camp Schedule

8:30 AM	Camper Drop-Off
9:00 AM	Instruction and Drills
11:30 AM	Lunch
12:30 PM	Instruction and Drills
3:00 PM	Camper Pick-up

Questions regarding camp info, please contact Oklahoma City Baseball Camp Coordinator Derek Snell at (405)305-2237 or email at okcbaseballcamp@gmail.com Please keep this page for information about the camp.

CAMP REGISTRATION FORM

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

Camper Name _____ Age _____ Grade _____

Position(s) _____

Please Check Session Attending

_____ Junior All-Star (Ages 8-11) June 8-11

_____ Senior All-Star (Ages 12-18) June 15-18

Name of Parent/Guardian _____

Address _____

City _____ State _____ Zip code _____

Home Phone # _____ Cell # _____ Other# _____

Email _____

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 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 Oklahoma City University

Parent/Guardian Name _____

Signature _____ Date _____