

**Oklahoma City Baseball Camp, LLC**  
2501 N. Blackwelder Oklahoma City, OK 73106  
Camp Phone # 405-305-2237  
Camp email: [okcbaseballcamp@gmail.com](mailto:okcbaseballcamp@gmail.com)  
Camp website: [www.okcbaseballcamps.com](http://www.okcbaseballcamps.com)

**2024 Winter Hitting Camp**

The winter hitting camp will be run the same way as in the past. Each session will now 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. 30, Nov. 6, Nov. 13, Nov. 20, Dec. 4, Dec. 11, Dec. 18  
**Thursday:** Oct. 31, Nov. 7, Nov. 14, Nov. 21, Dec. 5, Dec. 12, Dec. 19  
**Friday:** Nov. 1, Nov. 8, Nov. 15, Nov. 22, Dec. 6, Dec. 13, Dec. 20  
**Sunday:** Nov. 3, Nov. 10, Nov. 17, Nov. 24, Dec. 1, Dec. 8, Dec. 15  
**Monday:** Nov. 4, Nov. 11, Nov. 18, Nov. 25, Dec. 2, Dec. 9, Dec. 16  
**Tuesday:** Nov. 5, Nov. 12, Nov. 19, Nov. 26, Dec. 3, Dec. 10, Dec. 17

**Camp Attire and Equipment**

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

**Camp Cost:** \$285 for Online Registration \$300 for Mail in Registration  
(\$50 discount if signing up multiple campers online or mail in)

**Online Registration:** [www.okcbaseballcamps.com](http://www.okcbaseballcamps.com)

**Mail in Registration:** Make checks payable to OKC Baseball Camp and mail to the address listed at the top of the page.

**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 25<sup>th</sup>**

**QUESTIONS REGARDING CAMP INFORMATION, PLEASE CONTACT DEREK SNELL 405-305-2237 OR EMAIL [okcbaseballcamp@gmail.com](mailto: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

**Camper Name** \_\_\_\_\_ **Age** \_\_\_\_\_ **Grade** \_\_\_\_\_

**Check session attending**

_____ <b>Sunday 11:00 AM</b>	_____ <b>Tuesday 6:00 PM</b>	_____ <b>Thursday 6:00 PM</b>
_____ <b>Sunday 1:00 PM</b>	_____ <b>Tuesday 7:45 PM</b>	_____ <b>Thursday 7:45 PM</b>
_____ <b>Sunday 3:00 PM</b>		
_____ <b>Sunday 5:00 PM</b>	_____ <b>Wednesday 6:00 PM</b>	_____ <b>Friday 6:00 PM</b>
_____ <b>Sunday 7:00 PM</b>	_____ <b>Wednesday 7:45 PM</b>	_____ <b>Friday 7:45 PM</b>
_____ <b>Monday 6:00 PM</b>		
_____ <b>Monday 7:45 PM</b>		

**Name of Parent/Guardian** \_\_\_\_\_

**Address** \_\_\_\_\_

**City** \_\_\_\_\_ **Zip Code** \_\_\_\_\_

**Phone #** \_\_\_\_\_ **Secondary Phone #** \_\_\_\_\_

**Email(s)** \_\_\_\_\_

**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 VOLUNTATILY 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** \_\_\_\_\_