

BU BIOLA BASEBALL CAMPS

RECRUITMENT CAMP FOR UNCOMMITTED HIGH SCHOOLERS OCTOBER 1, 2016 | BIOLA UNIVERSITY

CAMP DESCRIPTION

Biola Baseball Uncommitted Recruitment Camp offers the unique opportunity to experience the campus of Biola University, instruction from Biola Baseball coaches and how we integrate God into our lives as baseball players. Players will be evaluated in a pro-style workout including: hitting, pitching, infield, outfield, catching, base running and 60 yard dash. After the work out the Biola coaching staff, lead by Head Coach Jay Sullenger, will hold a Q&A talking on the what to expect in the recruiting process, what to look for in a college and ways to find the best school for each student-athlete.

GENERAL INFORMATION

DATE: October 1, 2016

CAMP PROGRAM: Campers will be evaluated by Biola Coaching Staff and attend the Q&A session.

COST: \$125.00

WHAT TO BRING: Each camper is responsible to bring his own baseball equipment. Players should bring a glove, bat, cleats/spikes, running shoes or turf shoes, hat, helmet and any other equipment they feel necessary to compete. Catchers must bring their own gear.

CAMP SCHEDULE

9:30 a.m. - Check-in

10:00 a.m. - Stretch-Throw

10:30 a.m. - Pro Style Workout/Individual Assessments

12:15 p.m. - Lunch in Café

1:15 p.m. - BP

2:15 p.m. - Game

4:30 p.m. - Q&A with Coaching staff

**Schedule and times are subject to change

CONTACT INFORMATION

For registration please fill out the form and return with a check payable to Biola University memo Baseball to Biola University Attn: Baseball @ 13800 Biola Ave. La Mirada CA 90639

If you have any questions please don't hesitate to contact Assistant Baseball Coach Trevor Davidson 714-392-0994 trevor.davidson@biola.edu





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Biola Baseball Camp 2016 Registration Form

Last Name _____ First Name _____

Street Address _____

City _____ State _____ Zip Code _____

Team Name _____ Position _____ Age _____

Phone Number _____ Birthday _____

T-Shirt Size (circle one): S M L XL XXL

WAIVER AND RELEASE FORM

WAIVER AND LIABILITY: I understand and accept that activities involved in baseball may result in various injury, including but not limited to: sprains/strains, fractured bones, head/neck injuries, unconsciousness, loss of eye sight, paralysis, communicable diseases, and even death. I understand that the dangers and risks of playing baseball may result not only in injury, but serious impairment of my child's future abilities to earn a living, to engage in other business social and recreational activities and generally enjoying life. I agree to hold Biola and volunteers, harmless from any and all liability, action, case of action, debts, claims or demands of any kind and nature whatsoever, which may arise by or in connection with my child's participation in the Biola Baseball Camp. The terms hereof shall serve as a release and assumption of risk and responsibility for my heirs, estate, administer, assignees, and for all members of my family.

MEDICATION AND WAIVER OF LIABILITY: I also understand and acknowledge by my signature below that Biola does not have the medical staff or resources during the Baseball Camp to store or administer prescription or nonprescription medications for my child. I have decided that my child is capable of taking their own medication(s) throughout the camp. If my child possesses any medication (prescription or nonprescription), I understand that it will be my child's sole responsibility to safe guard and self-administer the medication at all times. Biola will not be responsible for lost or stolen medication(s). I individually, and on behalf of my child and our respective heirs, successors, personal representatives, and assignees hereby release and forever discharge Biola and its officers, trustees, employees, contractors, and representatives from all liability of any kind for claim, demand, action, cause of action, damage, judgment, cost, or expense that arises out of relates in any manner to the use, misuse, theft, loss or failure to adequately safeguard my child's medication at any time.

CONSENT TO TREATMENT: I understand that if any injury should occur that requires emergency medical treatment beyond the capabilities of Biola Baseball Camp Staff, I am financially responsible and liable for any and all medical bills pursuant to that medical treatment. I hereby grant permission to the staff at Biola and any other medical provider deemed advisable by Biola, to render my child any medical or surgical treatment that they deem necessary in an emergency. I understand that Biola will make all possible effort to inform me in the event of such treatment.

SIGNATURE OF CAMPER _____

SIGNATURE OF PARENT _____

NAME OF PARENT _____

Camper Medical History

**Complete and sign by parent or legal guardian

Please Indicate if you have any injured any of these areas.

Explain and Date

Joint or Bone:

Toe:

Foot:

Ankle:

Knee:

Hip:

Back:

Neck:

Shoulder:

Elbow:

Wrist:

Finger:

Soft Tissue:

Lower Leg:

Upper Leg:

Abdominals:

Lower Back:

Upper Back:

Shoulders:

Upper Arm:

Lower Arm:

Neck:

Circle any that apply:

Asthma

Head Injury/Concussion(s)

Diabetes

Convulsions/Seizures

Physical Restrictions: _____

Physician Name: _____

Physician Telephone: _____

Name on Insurance: _____

Telephone Number for Claims: _____

Name of Policy Holder: _____

Group Number: _____

Current Medications: _____

Allergies to Drugs: _____

Allergies to Foods: _____

Any other concerns: _____

PARENT AUTHORIZATION/RELEASE OF INFORMATION

The Camper's Medical History Form is correct to the best of my knowledge and my child has the permission to participate in camp activities with the exception of those noted above. I authorize Biola University medical providers to release medical information regarding my child to interested parties including parents and family physician.

I have read the WAIVER OF LIABILITY, MEDICATION AND WAIVER OF LIABILITY, and CONSENT TO TREATMENT provisions, fully understanding their terms, understanding that I give up substantial rights by signing below, and sign freely and voluntarily without any inducement.

Parent or Legal Guardian Name (please print) _____

Signature _____

Date _____

Day Phone Number _____ Evening Phone Number _____

Emergency Phone Number _____