

Lawrence University Two Day Baseball Camp



Experience College Baseball

Learn what it takes to be a successful STUDENT-ATHLETE.

December 29TH and 30TH, 2015
at Quarry Fieldhouse
535 Anderson, Romeoville IL 60446

10U

Offensive Skills 9:00 - 10:30
Defensive Skills 10:30 - 12:00
(\$35 per session or both for \$60)

13U / 14U

Offensive Skills 12:00 - 1:30
Defensive Skills 1:30 - 3:00
(\$35 per session or both for \$60)

11U / 12U

Defensive Skills 9:00 - 10:30
Offensive Skills 10:30 - 12:00
(\$35 per session or both for \$60)

High School Student-Athletes

Defensive Skills 12:00 - 1:30
Offensive Skills 1:30 - 3:00
(\$45 per session or both for \$80)

SPACE IS LIMITED

Defense: We will go through throwing progressions while emphasizing proper mechanics and technical footwork. Participants will be divided into pitchers / catchers, infielders and outfielders to emphasize technical and tactical skills.

Offense: We will introduce and/or reinforce proper technical hitting mechanics and tactical; situational hitting, base running, and base stealing.

Instruction will be lead by Head Baseball Coach Jason Anderson and Lawrence University team members.



LAWRENCE UNIVERSITY

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Informed Consent Form:

I hereby give my permission for _____ to participate in Lawrence University Baseball Camp December 29th and 30th, 2015. Further, I authorize Lawrence University Baseball coaches to provide emergency treatment of any injury or illness my child may experience if qualified medical personnel consider treatment necessary and perform the treatment. This authorization is granted only if I cannot be reached and a reasonable effort has been made to do so.

Date _____ Parent or guardian _____

Address _____

Phone _____ Cell phone _____

My child and I are aware that participating in Baseball is a potentially hazardous activity. We assume all risks associated with participation in this sport, including, but not limited to, falls, contact with other participants, the effects of the weather, traffic, and other reasonable risk conditions associated with the sport. All such risks to my child are known and appreciated by my child and me.

We understand this informed consent form and agree to its conditions.

Child's signature _____ Date _____

Parent's or guardian's signature _____ Date _____

Emergency Contact Information:

Athlete's name _____ Age _____

Address _____

Home phone _____ Cell phone _____

List two persons to contact in case of emergency:

Parent's or guardian's name _____

Home phone _____ Cell phone _____

Second person's name _____ Relationship to athlete _____

Home phone _____ Cell phone _____

Are you allergic to any drugs? _____ If so, what? _____

Do you have any allergies (e.g., bee stings or dust)? _____

Do you have _____ asthma, _____ diabetes, or _____ epilepsy? (Check any that apply)

Do you take any medications? _____ If so, what? _____

Do you wear contact lenses? _____

Family physician _____ Phone _____

Other _____

Parent Signature _____ Date _____

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PAYMENT FORM				
Name				
Age Group	Session	"X" all that apply	Cost	
10U	Offense (9:00am - 10:30am)		(\$35)	
10U	Defense (10:30am - 12:00pm)		(\$35)	
11U/12U	Offense (10:30am - 12:00pm)		(\$35)	
11U/12U	Defense (9:00am - 10:30pm)		(\$35)	
13U/14U	Offense (12:00pm - 1:30pm)		(\$35)	
13U/14U	Defense (1:30pm - 3:00pm)		(\$35)	
High School	Offense (1:30pm - 3:00pm)		(\$45)	
High School	Defense (12:00pm - 3:00pm)		(\$45)	
Deduct \$10 if signing up for both offense and defense sessions				—
(Please make check payable to Lawrence Baseball)			Total	\$

Check, Payment Form, Informed Consent Form, and Emergency Contact Information may be mailed to:

Lawrence University Baseball Camps
c/o Jason Anderson
711 E Boldt Way
Appleton WI 54911
 (PLEASE MAIL BY DECEMBER 15, 2015)

OR

Let us know you are coming at jason.m.anderson@lawrence.edu. Then print, bring forms, submit and pay at the door.

