

# Lawrence University Valentine's Day Sessions

Experience College Baseball and get ready for the season while enjoying your day off from school!

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

February 14<sup>TH</sup> and 15<sup>TH</sup>, 2016

at Alexander Gym

1100 E South River Street, Appleton WI

10-13U Practice 9:00 - 11:45 am

(\$35 per session or both for \$60)

Sign up by position: Infield, Outfield, First Base, Catcher, Pitcher (All campers will hit)

14U-High School Practice 12:00 – 3:00 pm

(\$45 per session or both for \$80)

Sign up by position: IF, OF, 1B, Catcher, Pitcher (Pitchers Will Not Hit, instead will receive video analysis and extra pitching instruction)

SPACE IS LIMITED SO SIGN UP ASAP!

**Day 1:** We will go through a practice that covers all skills of the game on an individual level. This will be a fundamental skills and drills emphasis.

**Day 2:** We will build upon our fundamental practice by putting the campers in small group, team, and game like scenarios to develop and advanced understanding of how to play the game.

Both sessions will be jam packed with reps so if you can only do one session you will still be satisfied!

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

Let us know you are coming at [jason.m.anderson@lawrence.edu](mailto:jason.m.anderson@lawrence.edu). Then print, bring forms, and pay at the door.



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## Two Day Baseball Camp

### Informed Consent Form:

I hereby give my permission for \_\_\_\_\_ to participate in Lawrence University Baseball Camp February 14th and 15th, 2016. Further, I authorize Lawrence University Baseball 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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Name & Position:				
AGE GROUP	SESSION	"X" all that apply	COST	TOTALS
10-13U	Day 1		(\$35)	
10-13U	Day 2		(\$35)	
14U-High School	Day 1		(\$45)	
14U-High School	Day 2		(\$45)	
Deduct \$10 if signing up for both sessions				
Please make check payable to Lawrence Baseball			<b>Total</b>	

