Emory Baseball High School Showcase Camp

August 17-18, 2019 (Saturday & Sunday)

Location: Chappell Park

Cost: $200 per player (includes Camp T-shirt & lunch on Saturday)

Checks are made out to: Mike Twardoski Baseball Camps

Open to 2020, 2021, & 2022 Graduates

The camp will focus on individual skill development through instruction and games. Players will get an opportunity to learn firsthand from the Emory coaching staff. All areas of baseball will be covered: offense, defense, pitching, and base running. The camp will also include a campus tour. This is an excellent opportunity to visit Emory University and play baseball. We hope to see you there!

Saturday: 9:00am – 5:00pm
Sunday: 9:00am – 2:30pm

*** All players are responsible for their own transportation and lodging! ***

***This camp is limited to the first 60 players who sign up!!***

***Pre-registration for this event is required/no refunds will be given after August 10, 2019.***

For more information, contact the Emory Baseball Office at 404-712-9440 or email - rmperez@emory.edu.
Emory Baseball High School Showcase Camp

Registration Form

Checks can be made out to: Mike Twardoski Baseball Camps

Please mail the registration forms to:
Mike Twardoski Baseball Camps
26 Eagle Row
Atlanta, GA 30322

August 17-18 (Saturday & Sunday)

Name:________________________ Birth Date________ Grad Yr.________
Address__________________________________________________________________
City_______________ State________________ Zip_______________
Home Phone______________________ Cell Phone_______________________
E Mail________________________________________________________
Name of Parents/Guardians_____________________________________________________
High School________________________ GPA_____________ Class Rank________
SAT: M-______ V-______ W-______ ACT:________________
Summer Team________________________ Summer Coach______________________________
Summer Coach Phone & Email_____________________________________________________________
Primary Position________________ Secondary Position__________________
60 Time_______________ Bat/Throw_______________ Height__________ Weight______
SUMMER CAMP
RELEASE OF LIABILITY AND ASSUMPTION OF RISK

Every Participant must have a completed and signed release form to turn in at registration on the first day of camp to participate. ALL areas must be completed.

Minors Name
First: ___________________________________ Middle Initial: ________ Last: ___________________________________

Address: __________________________________________________________
City, State & Zip: __________________________________________________
Phone Number: ______________________________________________________
Camp Dates: _______________________________________________________
Location on campus where you will attend camp: ________________________
Camp Type: _________________________________________________________
School/Group Name: ________________________________________________
School/Group Address: _____________________________________________
School/Group Phone Number: _______________________________________
Name of Parent / Legal Guardian: _____________________________________
Parent/Legal Guardian Mobile #: _________________________
Parent/Legal Guardian Email Address: _________________________________

I, ____________________________, as parent or legal guardian of ____________________________, a minor (hereinafter "Minor"), hereby grant the permission necessary to allow Minor to participate in the above camp to be conducted by _____________________________ to be held at Emory University, on my own behalf and on behalf of the Minor. I hereby release, relieve, covenant not to sue and forever discharge, indemnify and hold harmless, Emory University, its trustees, officers, agents, employees, students, and volunteers (hereinafter collectively "Releasors") of any and all claims, demands, rights, injuries, losses, expenses, and causes of action (with the exception of gross negligence or willful misconduct) of whatever kind or nature including, but not limited to, negligence, arising from or by reason of any and all known or unknown, foreseeably and unforeseeably and personal injuries, death or damage to property, and the consequences thereof, including death, resulting from any participation in or in any way connected with arising out of or connected with the Camp, including any claims arising out of, or connected with, any illness or injury (minimal, serious, catastrophic and/or death) that the Minor may incur or sustain during the Camp, or activities associated with the Camp and while traveling to and from the site for the Camp whether or not the Camp actually occurs, on my own behalf and on behalf of the Minor, hereby warrant that I have read this Release of Liability in its entirety and fully understand its contents. I, on my own behalf and on behalf of the Minor, am aware that this Release and Liability releases Releasors from liability and contains an acknowledgement of my voluntary and knowing assumption of the risk of injury or illness.

Medical Release. I, on my own behalf and on behalf of the Minor, acknowledge and agree that such participation subjects the Minor to possibility of physical illness or injury (minimal, serious, catastrophic and/or death) and that I, on my own behalf and on behalf of the Minor, acknowledge that the Minor is in good health, physically fit and mentally capable of participating in Camp activities, and is covered by accident and health insurance, and I hereby give full approval for my child's participation in the Camp. In the event of such illness or injury, I authorize Emory University and _____________________________ to obtain necessary medical treatment for the Minor and hereby, on my own behalf and on behalf of the Minor, release and hold harmless Releasors from the effects of this authority. I further acknowledge and understand that I will be responsible for any and all medical and related bills that may be incurred on behalf of the Minor for any illness or injury that the Minor may sustain during the Camp and while traveling to and from the site for the Camp.

Camp Rules. I further acknowledge and understand that Emory University and _____________________________ have established rules and regulations pertaining to conduct, behavior and activities of all Camp participants by which Minor and her/his parent(s) agree to abide during the Camp, and that Minor and I will be responsible for her/his failure to abide by these rules and regulations. Minor and I have received, read and understand the Camp rules. Minor and I understand that violation of the rules can result in dismissal from Camp.

Insurance and Medical Information. I represent that any medication to which Minor is allergic or medications that Minor is currently taking are listed below. I agree that Emory University will not administer or supply any type of medication at camp.

Medications if any: _______________________________________________________

I acknowledge that the Minor suffers from the following conditions:

Doctor: _____________________________ Phone Number: _______ Minor Birthdate: / /
Insurance Company: _____________________________ Address: _____________________________
Medical Insurance Policy/Group Number - REQUIRED: _____________________________ Insurance Company/Phone #: _____________________________

Emergency Information: Name to contact: _____________________________ Address: _____________________________
City, State, Zip: _____________________________ Cell Phone Number: _____________________________
Daytime Telephone: _____________________________ Evening Telephone: _____________________________

By signing below, I, on my own behalf and on behalf of the Minor hereby acknowledge that I have carefully read and understood the above before signing and agree to comply with the above provisions. I intend this to be a complete and unconditional release of all liability to the greatest extent allowed by law and agree that, if any portion of the Release is held to be invalid, the balance, notwithstanding, shall continue in full force and effect.

Signature of Parent or Legal Guardian: _____________________________ Date: _____________________________
Relationship to Minor: _____________________________

I, identified above as Minor, acknowledge that I have read this Release and Waiver form.

Signature of Minor: _____________________________ Date: _____________________________
Witness: _____________________________ Address: _____________________________ Signature: _____________________________