David Anderson Pitchers and Catchers Camp

**When:** 12:00 PM-4:00 PM, Saturday, November 23, 2019

**Where:** Chappell Park at Emory University

**Who:** 7th-12th Grade Pitchers & Catchers

**Cost:** $100

**What:** This camp will be focused on individual skill development, individual assessment, and individual programming for all pitchers and catchers. Emory University Pitching Coach David Anderson (and others) will provide each camper with individual instruction, group instruction in both an on-field and classroom setting, and an extensive individual assessment. Video analysis will be utilized for the pitchers. This is a great opportunity for each pitcher to improve their skillset, learn about the art of pitching, and perform in a college setting at Emory University!

*All campers are responsible for their own transportation*

*This camp is limited to the first 24 pitchers and 12 catchers that register*

*Pre-registration for this camp is required and NO refunds will be given after November 15th*

*Each camper will be provided with water throughout camp*

*NO food will be provided. Campers are encouraged to bring their own snacks*

Please direct any questions, comments, or concerns to David Anderson at dcander@emory.edu
Emory Baseball Pitchers and Catchers Camp Registration Form

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

Checks made out to: Mike Twardoski Baseball Camps

*PLEASE EMAIL dcander@emory.edu TO RESERVE SPOT ONCE REGISTRATION IS MAILED*

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 completed and signed release forms in him at registration on the first day of camp to participate. All areas must be completed.

<table>
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<tr>
<th>Minor's Name</th>
<th>First:</th>
<th>Middle Initial:</th>
<th>Last:</th>
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<table>
<thead>
<tr>
<th>Address:</th>
<th>City, State &amp; Zip:</th>
<th>Phone Number:</th>
<th>Camp Type:</th>
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<table>
<thead>
<tr>
<th>School/Group Name:</th>
<th>School/Group Address:</th>
<th>School/Group Phone Number:</th>
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I, as parent or legal guardian of , a minor (herein referred to as "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. I, on my own behalf and on behalf of the Minor, hereby release, waive, and forever discharge, indemnify and hold harmless, Emory University, its trustees, officers, agents, employees, students, and volunteers (hereafter collectively "Releasors") of any and all claims, demands, rights, liabilities, losses, expenses, and causes of action (with the exception of gross negligence or willful misconduct) of whatsoever kind or nature including, but not limited to, negligence, arising from and by reason of any and all known and unknown, foreseen and unforeseen bodily and personal injuries, damage to property, and the consequences thereof, including death, resulting from any participation by 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 (including, without limitation, catastrophic and/or death) that the Minor may incur or sustain during the Camp, all activities associated with the Camp, and while traveling to and from the site for the Camp whether or not the Camp actually occurs. I, 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 Minor to possibility of physical illness or injury (including, without limitation, 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 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 administer necessary medical treatment of the Minor, and hereby, on my own behalf and on behalf of the Minor, release and hold harmless Releasors in the exercise 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 I agree to abide during the Camp, and that Minor and I will be responsible for fulfilling failure to abide by those rules and regulations. Minor and I have received, read and understood the Camp rules. Minor and I understand that violation of the rules will result in dismissal from Camp.

Insurance and Medical Information: I represent that any medication which Minor is allergic to or medications that Minor is currently taking are listed below. I agree that Minor shall be given medications which Minor is currently taking with blistered label to be given by the Camp and that the Camp will not administer the prescribed dosage for such medications. Emory University and will not administer or supply any type of medications at camp.

Medications: None.

Allergies: None.

I acknowledge that the Minor suffers from the following conditions:

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<tr>
<th>Doctor:</th>
<th>Phone Number:</th>
<th>Minor Birthdate:</th>
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<table>
<thead>
<tr>
<th>Insurance Company:</th>
<th>Address:</th>
<th>Insurance Company Phone #:</th>
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Emergency Information: Name to contact: | Address: |

<table>
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<tr>
<th>City, State, Zip:</th>
<th>Cell Phone Number:</th>
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<table>
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<tr>
<th>Daytime Telephone:</th>
<th>Evening Telephone:</th>
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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 by signing and agree to comply with the above provisions. I intend this to be a complete and unconditional release of liability to the greatest extent allowed by law and agree that, if any part of this 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: Signature of Minor: Date: Witness: Date:

I, as parent or legal guardian of , a minor (herein referred to as "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.