

SC Baseball School@ Cabrillo College Camps Release Agreement

I understand that there are risks and dangers inherent in participating and/or receiving instruction during the SCBS camps. I also understand that in order to be allowed to participate and/or receive instruction from the SCBS camps I must give up my minor child's rights to hold SCBS, Cabrillo College, the Trustees of the Cabrillo College School District, its officers, agents and employees liable for any injuries or damages which my minor child may suffer while participating and/or receiving instruction in the SCBS camps. _____ (Initials)

Knowing this and in consideration of my minor child being permitted to participate and/or receive instruction in the SC Baseball @Cabrillo Camps I hereby voluntarily release SCBS, Cabrillo College the Trustees of the Cabrillo College School District, its officers, agents and employees from any and all liabilities resulting from arising out of any participation and/or receipt of instruction in SCBS Camps. _____ (Initials)

I understand and agree that I am releasing not only the entities set forth in the paragraph above, but also the officers, agents, regents, trustees, and employees of those entities. _____ (Initials)

I understand and agree that this release will have the effect of releasing, discharging, waiving and forever relinquishing any all actions or causes of actions that I may have had on behalf of my minor child, whether past, present, or future, whether known or unknown and whether anticipated or unanticipated by my child, arising out of his/her participation and/or receipt of instruction in the SCBS Camps. This release constitutes a complete release, discharge and waiver of any and all actions or causes of actions against SCBS, Cabrillo College the Trustees of the Cabrillo College School District, its officers, agents and employees. _____ (Initials)

I understand and agree that this release applies to personal injury, property damage, or wrongful death, which my child may suffer, even if caused by the acts or omissions of others. _____ (Initials)

I understand and agree that by signing this release it will be binding on me, my spouse, my heirs, my personnel representative, my assigns, my children and any guardian for said children. _____ (Initials)

I understand and agree that by signing this release, I am agreeing to release indemnity and hold SCBS, Cabrillo College the Trustees of the Cabrillo College School District, its officers, agents and employees harmless from any and all liability or costs, including attorney fees, associated with or arising from my child's participation and/or receipt of instruction from SC Baseball School Camps. _____ (Initials)

I understand and agree that by signing this release on behalf of my minor child, I will be giving up the same rights for said minor as I would be giving up if I signed this document on my own behalf. _____ (Initials)

I acknowledge that I have read this Release Agreement and that I understand the wording and language in it. I am cognizant of potential dangers incidental to participation and/or receiving instruction in SCBSCamps. _____ (Initials)

I understand, agree and acknowledge that some activities may be of hazardous nature and/or include physical and/or strenuous activities. Understanding this, I state to the best of my knowledge my son/daughter listed on this application has no medical, physical, mental, or emotional health conditions, which would hinder his/her active participation in youth sports programs. _____ (Initials)

I understand that I am required to have accidental medical coverage for the child listed on this application, and I verify that the information provided on my insurance policy is accurate and true. _____ (Initials)

In the case of an injury, I authorize the staff of SCBS to render first aid and/or obtain whatever medical treatment he/she deems necessary for the welfare of my child listed on this application. I further understand and agree that I will be financially responsible for all charges and fees incurred of said treatment, regardless of whether my medical insurance would cover such charges and fees. _____ (Initials)

I understand that at the discretion of the camp director and staff my child may be dismissed from camp without refund for inappropriate behavior as determined by Cabrillo Camp Staff. _____ (Initials)

NONDISCRIMINATION STATEMENT

In accordance with applicable federal laws and policies, SCBS does not discriminate in any of its policies, procedures, or practices on the basis of race, color, national origin, sex, sexual orientation, age, or disability.

California Community College and the Commission on Athletics (COA) RESTRICTIONS

Due to the COA restrictions, institutional staff members or representatives of its athletics interest shall not employ or give free or reduced admission privileges to a high school, preparatory school, or two-year college athletic award winner.

SC Baseball School
849 Almar Ave. Suite C Box 322
Santa Cruz, CA 95060



RETURN WITH APPLICATION & PAYMENT

2009 SC Baseball School @ Cabrillo College High School Skills Camps

Sunday, September 27
Sunday, October 25
Sunday, November 15
Sunday, December 13

10:00 a.m. – 1:00 p.m.

For More Information Call
(831) 320-3903

WHAT ARE THE CAMP GOALS?

The 2009 SC Baseball School @ Cabrillo College HS Skills Camp provides an opportunity for college bound student-athletes who have interest in playing baseball at the collegiate level a first hand experience to test their mental and physical preparedness to play college baseball.

WHO IS THE CAMP STAFF?

The camp will be directed and supervised by SCBS owner & Cabrillo College Head Coach Bob Kittle. Instructors will include assistant coaches Brandon Hennessey, John Gillette, Paul Ramos and Mike Ditano.

CAMP ACTIVITIES:

In addition to on-field instruction, the camp will also consist of seminars in the following areas:

- Hitting Philosophies
- Pitching Philosophies
- Base running
- Team Defense
- Academics/Enrollment Process
- Four Year College Recruitment Process

WHAT DO I BRING?

Treat this camp like game day; bring all gear: cleats, glove, bat, batting gloves, etc. Catchers bring your own gear. Wear baseball pants, hat and non-cleated shoes.

About Cabrillo College:

Cabrillo College is ranked nationally among all Junior Colleges in country academically. Cabrillo College has the highest priority of preparing students for their transfer to four year colleges and University's. The baseball program reflects this priority by placing primary focus on academics and moving players on to four year level to continue their baseball careers.

2009 SC Baseball School @ Cabrillo College Fall HS Skills Camp

Date: September 27, 2009

Time: 10:00 am - 1:00 pm

Location: Cabrillo College Baseball Field (located on the campus of Cabrillo College)

Eligibility: Grades 9-12

Cost: \$ 50 Individual
\$ 150 H.S Team (max 8)

Policy: Campers will be split into teams. Group instruction allows for physical and mental preparedness. Pre-game will give you a chance to improve on your skills and be evaluated by the staff for evaluation and instruction. Game-day gives the staff a chance to see you in game action.

2009 SC Baseball School @ Cabrillo College APPLICATION FORM

Name: _____

Address: _____

Phone: _____ email: _____

Parent/ Guardian: _____

Emergency Contact #: _____

Health Insurance Carrier and Policy Number : _____ Date: _____

All Skills 9/27 _____ Pitching/ Catching 10/25 _____ Fielding Camp 11/15 _____

Hitting Camp 12/13 _____

This application must be signed by your parent or guardianMy child has permission

attend the 2009 Sc Bbaseball School @ Cabrillo College Skills Camp . Enclosed is the \$50/\$125

please check appropriate box below). I understand that SC BS & Cabrillo College or anyone associated

with the camp does not assume any responsibility for accidents, medical or dental or any other

expenses incurred as the result of attendance of this camp. I also grant SC Baseball School to take

photos of my child for team and publicity of this camp.

Parent/Guardian signature: _____ Date: _____

All Skills 9/27 _____ Pitching/ Catching 10/25 _____ Fielding Camp 11/15 _____

Hitting Camp 12/13 _____

Send Payment too: SC Baseball School
849 Almar Ave Suite C Bx 322 Santa Cruz 95060

* Each player must provide proof of Insurance*