Join the 2012 Horizon League Champion Crusaders for the Valpo Fall Baseball Prospect Camp!

Sunday October 7, 2012

For Campers Graduating 2013 - 2016

PROSPECT CAMP OVERVIEW

The Valparaiso University baseball coaching staff and players invite you to our Fall Prospect Camp. This camp will provide an opportunity for high school players to learn and develop new skills under the personal attention of our coaching staff. This camp will offer a pro-style workout, an individual session with one of the Valpo coaches, a tour of the facilities and campus, and live scrimmage games. Registration will begin at 8:30 a.m. Parents are welcome to stay and observe camp. Camp is open to all players but there are a limited number of spots available.

COST

$100 which includes camp t-shirt, individual instruction from a Valpo coach, campus tour and NCAA recruiting talk.

TENTATIVE SCHEDULE OF EVENTS:

8:30-9:00 AM	Registration
9:05-9:15 AM	Introduction
9:15-9:30 AM	Stretching
9:30-10:30 AM	Pro-style Workout
10:30-11:15 AM	Individual Skill Work
11:30-12:30 PM	Lunch/Not Provided by Valpo
12:30-5:00 PM	Games
5:00 PM	Wrap Up
5:30 PM	Dismiss

COACHING STAFF

The camp staff includes 2012 Horizon League “Coach of the Year” Tracy Woodson, Associate Head Coach Brian Schmack, Hitting Coach Adam Piotrowicz, Assistant Coach Jeramy St. Clair, and current Valpo players.

EQUIPMENT

All players must bring their own bats, glove, catcher's equipment, etc. Baseball pants are mandatory. Tennis/running shoes will also be needed in case of rain for indoor workouts.

Cancellation Policy: Written requests for refunds must include the Social Security number of the person receiving the refund and should be sent to Valparaiso Baseball ARC 1009 Union St. Valparaiso, IN 46383. Requests must be made prior to October 5, 2012. No refunds after this date.

Camp Store: Valpo apparel and hats will be sold.

For additional information contact: Coach Adam Piotrowicz at (219) 465-7961 or email at Adam.Piotrowicz@valpo.edu

VALPO 2012 FALL BASEBALL PROSPECT CAMP REGISTRATION
SUNDAY, OCTOBER 7, 2012

NAME:_____SOC. SEC #:_____

ADDRESS:_____

PARENT/GUARDIAN:_____HOME PHONE #:_____

EMAIL ADDRESS:_____WORK PHONE #:_____

HEIGHT:_____WEIGHT:_____AGE:_____POSITION(S):_____

GRADUATION YEAR:_____

PLEASE CHECK ONE (T-SHIRT SIZE):

MENS SMALL _____MENS MEDIM _____MENS LARGE _____MENS XL _____

VALPO FALL PROSPECT CAMP COST - $100

PAYMENT BY:_____ATTACHED CHECK_____MONEY ORDER_____CASH

Valparaiso University requests information for the purpose of registration in Valparaiso Camps programs. No persons outside the University are routinely provided this information except for items of directory information such as name and local address. Responses to all items are required. If you fail to provide the required information, the University may not consider your registration. **Make payment to: Valparaiso University Baseball, ARC 1009 Union Street, Valparaiso, IN 46383**
Phone: (219) 465-7961; Fax: (219) 464-5726

Please fill out this form completely. It is important for the provision of proper medical care. The section marked "Physician's Comments" need only be completed if the participant has a major health problem. When older participants are seen for minor illnesses or injuries, they are encouraged to inform their parents themselves. However, with younger participants in almost every instance or with older participants with more serious problems, the physician will try to contact the parents to inform them of the problem and discuss the treatment. Occasionally, we are unable to reach parents immediately to inform them of a serious problem. The parent's signature on the medical treatment authorization allows us to go ahead with treatment in these circumstances. The Training Room staff, Porter Memorial Hospital or the Athletics Office will continue to call until contact is made with the parent or guardian.
THIS FORM MUST BE ON FILE BEFORE YOUR CHILD CAN PARTICIPATE!!!

NAME OF CAMP: 2012 Fall Baseball Prospect Camp **CAMP DATE: October 7, 2012**

MEDICAL HISTORY

1.) PERSONAL INFORMATION (PLEASE PRINT)

Name_____ Sex: Ma Fema

Home Address_____
Street City State Zip

Phone_____ Date of Birth_____ Age_____

IN CASE OF EMERGENCY NOTIFY:_____
Name of Parents or next of kin relationship

Address_____

Home Phone_____ Business Phone_____ Cell Phone_____

Family Physician_____ Phone_____

Address_____

2.) FAMILY HISTORY (PLEASE CONSULT PARENTS)
Do you have a family history of: (please circle)

Diabetes Tuberculosis Cancer Heart Disease Kidney Disease Migraine

3.) PERSONAL HISTORY
Immunization Record(include dates, if not possible please specify if shots are current)
DPT_____ MMR_____ POLIO_____
Most Recent TETANUS BOOSTER_____
Allergies – Particularly to medications (please list)

Have you had any of the following: (please circle)

Asthma Bleeding Disorder Diabetes Heart Condition Kidney Disease

Please list any of the following you have had and note the dates:

Head Injuries:_____

Fractures:_____

Surgery:_____

Hospitalization:_____

List any medications you are currently taking and include directions:_____

4.) PHYSICIAN'S COMMENTS (OPTIONS)

Note to physician: Please provide a brief history of the camper's problem, any pertinent physical findings or laboratory values, and a description of therapy. Also, please list any ways in which we may help to care for your patient. Thank you.

5.) INSURANCE INFORMATION (participant **MUST** be covered by a health insurance policy)

Name of Company_____

Company Address_____

Group Number_____

6.) MEDICAL TREATMENT AUTHORIZATION AND LIABILITY RELEASE

I, the undersigned parent or guardian, do hereby grant my permission for my daughter/son to attend the Valparaiso University Sports Camp in all activities thereof. In the event of an injury or illness during these activities, even if I cannot be directly contacted at the time, I herby authorize Porter Memorial Hospital to provide the medical treatment deemed necessary. I hereby release Valparaiso University and Porter Memorial Hospital and their agents, employees, and representatives from any and all claims and liability arising in any way out of its exercise of this authority. I understand and agree that all bills fro medical care and treatment will be forwarded to my insureance company or me, and that it will be my responsibility to see that such bills are paid. I further acknowledge, understand, and agree that in participating in this activity there is a possiblitly of physical injury or illness and that my daugheter/son is assuming the risk of injury by his/her participation. I further authorize the program director of his/her staff, or the training room staff to administer non-prescription analgesics for minor problems such as headaches, etc.

Parent/Guardian signature_____ Date_____