

St. Andrews Presbyterian College
COLLEGIATE & PRO SHOWCASE CAMP
November 8-9, 2008

The New Baseball Showcase Camp in North Carolina

The St. Andrews Presbyterian College Baseball program is proud to host their first Collegiate & Pro Fall Showcase Camp. This showcase will allow the Mid-Atlantic, Northeast and Southeast regions' top players, graduating 2009-2012, to work with and display their talents to numerous college and professional scouts in the area. Our showcase is unique, because the individual has the opportunity to work hands on with numerous college coaches and professional scouts in a half-day camp setting. The athletes will also participate in several skill tests including fielding, hitting, arm strength and the 60 yard dash.

Please note that you will only showcase your defensive skills at your primary position during the workout. You can play your secondary position during the game

Participants of the St. Andrews Showcase will showcase in front of Colleges & Universities from NCAA Division I, II and III, as well as top junior college programs.

Showcase Schedule & Cost

The cost of the two-day Showcase/Camp is \$125 with a deposit of \$50 if reserved by October 15.
Reservations after October 15 will be \$145 with a deposit of \$50.

Participant Check-In will take place on Saturday, November 8 from 8:45 am until 9:45 am
at Clark Field located on the St. Andrews campus

**DEPOSITS ARE NON-REFUNDABLE
MAKE ALL CHECKS PAYABLE TO JIM BLAIR**

Additional Information: Coach Jim Blair
St. Andrews Presbyterian College
Baseball Office
1700 Dogwood Mile
Laurinburg, NC 28352
(910) 277-5276
blairjp@sapc.edu

Each participant is responsible for their own food and lodging during the weekend of the Showcase. St. Andrews Presbyterian College will have a concession area open during the event for your convenience.

Upon registration, each participant will receive an informational e-mail regarding lodging and food arrangements in the Laurinburg area.

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PLEASE CIRCLE ONE: Early Registration (prior to October 15) \$125 After October 15 \$145

NAME: _____ AGE: _____ DATE OF BIRTH: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____ HOME PHONE #: _____

PARENT/GUARDIAN NAME: _____ CONTACT PHONE #: _____

PLAYER'S EMAIL: _____ PARENT'S E-MAIL: _____

SCHOOL: _____ COACH'S NAME: _____ COACH'S PHONE #: _____

GRAD YEAR: _____ GPA: _____ CLASS RANK: _____

ACT: _____ SAT: (MATH) _____ (VERBAL) _____ (WRITING) _____

HAVE YOU APPLIED TO THE ELIGIBILITY CENTER: YES NO

PRIMARY DEFENSIVE POSITION: _____ BAT: R L S THROW: R L

SECONDARY DEFENSIVE POSITION: _____ HEIGHT: _____ WEIGHT: _____ T-SHIRT SIZE: _____

EMERGENCY MEDICAL AND INSURANCE INFORMATION:

ALL PARTICIPANTS MUST BE COVERED UNDER A HEALTH INSURANCE POLICY WHILE ATTENDING THE INSTRUCTIONAL CAMP. PLEASE COMPLETE THE FOLLOWING:

HEALTH INSURANCE COMPANY: _____

POLICY NUMBER: _____ GROUP NUMBER: _____

PERSON TO CONTACT IN CASE OF EMERGENCY: _____

EMERGENCY PHONE #: _____

CAMPER'S KNOWN MEDICAL CONDITIONS: _____

PARENT AUTHORIZATION AND GENERAL RELEASE FROM LIABILITY

I understand that the camp includes instructional sessions in all facets of baseball. I am fully aware that baseball is a hazardous sport where injuries and/or death can occur. I accept these risks and agree to hold harmless St. Andrews Presbyterian College its employees, representatives and agents from all injuries that occur during my son/daughter's participation in this camp.

In the event of any injury or illness, all reasonable efforts will be made to contact the Parent/Guardian to obtain authorization for medical treatment. Where Parent/Guardian cannot be contacted or in case of an emergency, St. Andrews Presbyterian College will obtain the necessary medical treatment for the health of my child.

I understand that St. Andrews Presbyterian College does not provide Medical Insurance coverage for participants of the Baseball Camp. The Parent/Guardian must provide proof of Medical Insurance coverage prior to the participant's arrival at the clinic. I also agree that my son/daughter is in good mental/physical health to participate in this clinic.

I hereby voluntarily consent and give permission for my son/daughter to participate in the St. Andrews Presbyterian College Baseball Camp. I agree to indemnify and hold harmless St. Andrews Presbyterian College, it employees, representatives and agents, from any and all claims caused by my son or daughter.

THIS WAIVER HAS BEEN READ AND UNDERSTOOD AND IS SIGNED VOLUNTARILY BY ME AS THE LEGAL REPRESENTATIVE FOR THE PARTICIPANT.

PARENT OR GUARDIAN'S SIGNATURE: _____ DATE: _____

To ensure individualized instruction, space in each session is limited and will be reserved on a first come/first served basis. Early registration is highly recommended.

Please return the above form to: St. Andrews Presbyterian College
Baseball Office
1700 Dogwood Mile
Laurinburg, NC 28352

For any questions please contact Coach Jim Blair at 910-277-5276 (office) or blairjp@sapc.edu (email).

REGISTRATION FEE PAID _____ RECEIVED BY: _____ EARLY REGISTRATION: _____ CHECK _____ CASH _____
