

2012 SPARTANS HIGH SCHOOL SHOWCASE CAMP REGISTRATION

SATURDAY, JUNE 16; 9:00AM – 4:00PM



NAME: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
PHONE: (_____) _____ BIRTH DATE: _____ AGE: _____
TEE-SHIRT SIZE (CIRCLE ONE): MED LG X-LG XX-LG
PRIMARY POSITION: _____ SECONDARY POSITION: _____ BAT: R/L/S THROW: R/L
SCHOOL: _____ CITY: _____ YEAR OF GRADUATION: _____
SUMMER TEAM: _____ HEAD COACH: _____
PARENT/GUARDIAN NAME: _____ HOME PHONE: (_____) _____
PARENT/GUARDIAN WORK PHONE: (_____) _____ CELL PHONE: (_____) _____
EMAIL ADDRESS: _____

EMERGENCY CONTACT

NAME: _____ PHONE: (_____) _____ RELATION: _____

COST: \$125

ITEMS TO BRING: GLOVE, BAT, HELMET, BASEBALL PANTS, CLEATS, BASEBALL CAP, BATTING GLOVES, TENNIS SHOES, CATCHER'S GEAR (IF APPLICABLE), AND SPENDING MONEY (CAMP STORE WILL HAVE DRINKS, SNACKS, APPAREL)

CONDITIONS OF APPLICATION

PLEASE READ AND SIGN BELOW:

- 1) TO THE BEST OF MY KNOWLEDGE, THIS CHILD IS PHYSICALLY QUALIFIED TO PARTICIPATE IN ANY AND ALL ACTIVITIES.
- 2) I HEREBY AUTHORIZE THE STAFF OF SPARTANS BASEBALL CAMPS AND THE HIGH SCHOOL SHOWCASE CAMP TO ACT FOR MY CHILD, ACCORDING TO THEIR BEST JUDGMENT IN ANY MEDICAL EMERGENCY, AND I HEREBY WAIVE AND RELEASE SAID PERSON(S) FROM ANY LIABILITY OR ILLNESS INCURRED WHILE ATTENDING THE HIGH SCHOOL SHOWCASE CAMP.
- 3) I ALSO UNDERSTAND THAT IF ANY SUCH EMERGENCY DOES ARISE, A STAFF MEMBER WILL CONTACT THE EMERGENCY CONTACT AT ONCE.

INSURANCE CO: _____ POLICY NO: _____ COVERAGE TYPE: _____

PRIMARY DOCTOR: _____ PHONE: (_____) _____

SIGNATURE OF PARENT OR LEGAL GUARDIAN

DATE

MAKE CHECKS PAYABLE TO: THE SPARTANS BASEBALL CAMP

MAIL CHECK AND COMPLETED FORM TO:

SPARTANS HIGH SCHOOL SHOWCASE CAMP
C/O THE UNIVERSITY OF TAMPA BASEBALL OFFICE
401 W. KENNEDY BLVD.
BOX I
TAMPA, FL 33606

QUESTIONS? PLEASE CALL SAM MILITELLO, ASSOCIATE HEAD COACH AT THE UNIVERSITY OF TAMPA, AT 813-257-3673, EMAIL HIM AT SMILITELLO@UT.EDU, OR VISIT WWW.TAMPABASEBALLCAMPS.COM