

Nebraska Baseball Academy
2008-09 Fall/Winter Intensive Hitting Instruction
Cost: \$115.00/Each 4-Week Session (register on-line and save time and money!)
www.bigredacademy.com

_____ Mondays: September 8, 15, 22, 29	Facility: Hawks Indoor Championship Center
_____ Mondays: September 8, 15, 22, 29	5:30 - 6:30pm
_____ Mondays: September 8, 15, 22, 29	6:45 - 7:45pm
_____ Mondays: October 6, 13, 20, 27	8:00 - 9:00pm
_____ Mondays: October 6, 13, 20, 27	5:30 - 6:30pm
_____ Mondays: October 6, 13, 20, 27	6:45 - 7:45pm
_____ Mondays: October 6, 13, 20, 27	8:00 - 9:00pm
_____ Mondays: Nov 17, 24; Dec 1, 8	5:30 - 6:30pm
_____ Mondays: Nov 17, 24; Dec 1, 8	6:45 - 7:45pm
_____ Mondays: Nov 17, 24, Dec 1, 8	8:00 - 9:00pm
_____ Mondays: Jan 12, 19, 26, Feb 2	5:30 - 6:30pm
_____ Mondays: Jan 12, 19, 26, Feb 2	6:45 - 7:45pm
_____ Mondays: Jan 12, 19, 26, Feb 2	8:00 - 9:00pm
_____ Mondays: February 9, 16, 23, March 2	5:30 - 6:30pm
_____ Mondays: February 9, 16, 23, March 2	6:45 - 7:45pm
_____ Mondays: February 9, 16, 23, March 2	8:00 - 9:00pm
_____ Mondays: April 13, 20, 27, May 4	5:30 - 6:30pm
_____ Mondays: April 13, 20, 27, May 4	6:45 - 7:45pm
_____ Mondays: April 13, 20, 27, May 4	8:00 - 9:00pm

_____ Wednesdays: October 1, 8, 15, 22	Facility: Hawks Indoor Championship Center
_____ Wednesdays: October 1, 8, 15, 22	6:30 - 7:30pm
_____ Wednesdays: Jan 14, 21, 28, Feb 4	7:45 - 8:45pm
_____ Wednesdays: Jan 14, 21, 28, Feb 4	6:30 - 7:30pm
_____ Wednesdays: Jan 14, 21, 28, Feb 4	7:45 - 8:45pm

_____ Sundays: Oct 26, Nov 2, 9, 16	Facility: Hawks Indoor Championship Center
_____ Sundays: Oct 26, Nov 2, 9, 16	1:00 - 2:00pm
_____ Sundays: Oct 26, Nov 2, 9, 16	2:15 - 3:15pm
_____ Sundays: Oct 26, Nov 2, 9, 16	3:30 - 4:30pm

REGISTRATION INFORMATION (please print)

Participant Name _____ Age _____ Grade (Fall/2008) _____
 Address _____ City _____ State _____ Zip _____
 Phone _____ E-Mail Address _____
 Emergency Contact: _____ Phone/Home _____ Phone/Cell _____

RETAIL PRE-ORDER (available for pick-up at camp)

_____ **Nebraska Baseball Academy Hooded Sweatshirt (\$40.00)**
 Select Color: _____ Red _____ Gray
 Select Size: _____ Small _____ Medium _____ Large _____ XL

All participants will receive a FREE camp t-shirt! Please indicate size below:
 _____ Youth 10/12 _____ Youth 14/16 _____ Adult S _____ Adult M _____ Adult L _____ Adult XL

PAYMENT (\$115.00/each 4-week session)

_____ Check (made payable to Nebraska Baseball Academy)

_____ Credit Card (___VISA; ___MasterCard; ___Discover; ___American Express)

Credit Card # _____ Exp Date _____

Name As It Appears on Card _____ Amount \$ _____

Verification# (last 3 digits on back of card; 4 digits for American Express) _____

Authorizing Signature _____

THIS INFORMATION IS REQUIRED AND MUST BE COMPLETED PRIOR TO ATTENDING CAMP

Liability Release and Indemnity Agreement

I hereby request that you accept this application for enrollment in the Nebraska Baseball Academy during the dates set forth in this application. I hereby release the Board of Regents of the University of Nebraska, all its employees and the Nebraska Baseball Academy and its agents from all participant claims on account of any injuries which may be sustained by me while attending the Nebraska Baseball Academy and I agree to indemnify the Board of Regents of the University of Nebraska and its employees and the Nebraska Baseball Academy and its agents for any claim which may hereafter be presented by me as a result of any such injuries.

Participant Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

Insurance

All participants should be covered by a personal medical insurance policy. Each camper is asked to supply the company name, address, policy # and policy owner. Accident insurance provided by the camp is on an excess basis.

Insurance Company _____ Address _____

Owner _____ Policy # _____

Medical Certification

This medical certification requires a doctor's signature **OR** the camper may use his/her 2008-09 form required by his/her school.

I hereby certify that _____ is physically fit to participate in an active baseball camp during the days of the camp he/she has registered for and that I know of no physical impairments which would in any manner limit his/her participation in such a program.

Doctor's Name _____ Doctor's Signature _____ Date _____

It is the policy of the Nebraska Baseball Academy to admit all qualified applicants without regard to disability, race, color, religion, national or ethnic origin, or sexual orientation.

Nebraska Baseball Academy Refund Policy
If you contact our office within 3 working days after the camp, you will have the following options:
Option I: 50% refund
Option II: FULL credit voucher good for any Nebraska Baseball Academy Camp (expires after one year)

Mail registration form & payment to:
Nebraska Baseball Academy, PO Box 880160, Lincoln, NE 68588-0160
If you have questions, please contact: **Renee Brinkmann**
Academy Coordinator
402-472-2269
rbrinkmann@huskers.com
402-472-9641 (FAX)

