

Nebraska Baseball Academy - 2009 FALL BASEBALL LEAGUE
September 13 – October 18, 2009
(October 25 will be used as a make-up date)

Individual Registration Form

All participants must complete an Individual Registration Form

Signing up as a TEAM? For those using the on-line registration system, each participant MUST register on-line and your coach must complete and submit the Team Roster before the deadline. If you are not using the on-line registration system, all registrations must be mailed together with the Team Roster. TEAM registrations MUST be mailed together...no exceptions.

INFORMATION

Participant Name _____ Age _____ Grade (Fall/2009) _____

Address _____ City _____ State _____ Zip _____

Phone _____ E-Mail Address _____

Fall League Level (circle one): 9s/10s 11s/12s 13s/14s 15s - 2010 HS graduates

Primary Position: _____ Skill Level (circle one): 1 2 3 4 5 (very competitive)

Jersey Size (circle one): Youth/Large Adult/Small Adult/Medium Adult/Large Adult/XL

Emergency Contact: _____ Phone/Home _____ Phone/Cell _____

PAYMENT (there is no fee for coaches and no team discounts)

\$180.00/participant (register on-line and pay only \$175.00)

Use our secure on-line registration system and save money! www.bigredacademy.com

_____ 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) _____ Authorizing Signature _____
(4 digits for American Express)

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Special Request: (If you are not signing up with a team, please indicate any friends that you would like to play with and we will do our best to accommodate your request)

_____ **I have an interest in being a coach**

Name _____ Phone/Home _____ Phone/Cell _____

E-Mail Address _____

Brief coaching experience: _____

THE FOLLOWING MUST BE COMPLETED IN ORDER FOR THE CAMPER TO ATTEND

Name: _____ Camp: 2009 Fall League

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 _____

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 2009-10 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 _____ 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.

Mail registrations & payment to:

Nebraska Baseball Academy Fall League
PO Box 880160
Lincoln, NE 68588-0160

Questions: Contact Renee Brinkmann, Academy Coordinator
(402) 472-2269 or rbrinkmann@huskers.com
(402) 472-9641 (FAX)

Saul Soltero, Fall League Director
(402) 276-4399 or ssoltero@neb.rr.com

www.bigredacademy.com