

Nebraska Baseball Academy 2010 Summer Camp Schedule

X	Camp	Date	Time	Location	Price
	Hitting Camp	Monday, June 28, 2010	8am – 2pm	Hawks Field (Lincoln, NE)	\$115.00**
	Pitching/Catching Camp	Tuesday, June 29, 2010	8am – 2pm	Hawks Field (Lincoln, NE)	\$115.00**
	All Skills Camp	Wednesday, June 30, 2010	8am – 2pm	Hawks Field (Lincoln, NE)	\$115.00**
	Jr/Sr Stars Camp	Wednesday, August 4, 2010	8am – 5pm	Hawks Field (Lincoln, NE)	\$105.00**

REGISTRATION INFORMATION (please print)

Participant Name _____ Age _____ Grade (Fall/2010) _____

Address _____ City _____ State _____ Zip _____

Phone _____ E-Mail Address _____

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

Position: _____ School: _____

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 **

Check
(Make checks 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 _____

**** SPECIAL NOTE**

Please be advised that on-line registration saves you \$5.00 per camp. We strongly encourage you to use the on-line registration feature, not only is it secure but it's also the quickest way to get registered for camp.

www.bigredacademy.com

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 of issuance)

Camper Name _____

Camp _____ Date: _____

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

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 number 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 2010-11 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 registration form & payment to:

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

If you have questions, please contact:

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402-472-9641 (FAX)

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