

**Nebraska Baseball Academy - 2010 FALL BASEBALL LEAGUE**  
**September 12 – October 10, 2010**  
**(October 17 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/2010) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Fall League Level (circle one): 9s/10s    11s/12s    13s/14s    15s - 2011 high school 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](http://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)

\* \* \* \* \*

**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 PARTICIPATE

Name: \_\_\_\_\_ Camp: 2010 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 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 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](mailto:rbrinkmann@huskers.com)  
(402) 472-9641 (FAX)

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

*www.bigredacademy.com*