

Nebraska Baseball Academy/2007-08 Winter Camp Schedule

X	Camp	Date(s)	Time	Location	Price
	Comprehensive Pitching	Sundays December 2, 9, 16, 23	4:30-6:30pm	Hawks Championship Center	\$140.00**
	Comprehensive Pitching	Sundays Jan 27; Feb 3, 10, 17	4:30-6:30pm	Hawks Championship Center	\$140.00**
	Comprehensive Hitting	Sundays December 2, 9, 16, 23	2 – 4pm	Hawks Championship Center	\$140.00**
	Comprehensive Hitting	Sundays Jan 27; Feb 3, 10, 17	2 – 4pm	Hawks Championship Center	\$140.00**
	Intensive Hitting Instruction	Wednesdays: 1/16, 1/23, 1/30, 2/6	6 – 7pm	Hawks Championship Center	\$115.00**
	Intensive Hitting Instruction	Wednesdays: 1/16, 1/23, 1/30, 2/6	7:15-8:15pm	Hawks Championship Center	\$115.00**
	Intensive Hitting Instruction	Mondays: 1/14, 1/21, 1/28, 2/4	6 – 7pm	Hawks Championship Center	\$115.00**
	Intensive Hitting Instruction	Mondays: 1/14, 1/21, 1/28, 2/4	7:15-8:15pm	Hawks Championship Center	\$115.00**
	Intensive Hitting Instruction	Mondays: 2/18, 2/25, 3/3, 3/10	6 – 7pm	Hawks Championship Center	\$115.00**
	Intensive Hitting Instruction	Mondays: 2/18, 2/25, 3/3, 3/10	7:15-8:15pm	Hawks Championship Center	\$115.00**
	Intensive Hitting Instruction	Mondays: 3/17, 3/24, 3/31 Sunday: 4/6	6 – 7pm	Hawks Championship Center	\$115.00**
	Intensive Hitting Instruction	Mondays: 3/17, 3/24, 3/31 Sunday: 4/6	7:15-8:15pm	Hawks Championship Center	\$115.00**
	Intensive Hitting Instruction	Mondays: 4/14, 4/21, 4/28, 5/5	6 – 7pm	Hawks Championship Center	\$115.00**
	Intensive Hitting Instruction	Mondays: 4/14, 4/21, 4/28, 5/5	7:15-8:15pm	Hawks Championship Center	\$115.00**

Step 1: REGISTRATION (please print)

Participant Name _____ Age _____ Grade (Fall/2007) _____

Address _____ City _____ State _____ Zip _____

Phone _____ E-Mail Address _____

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

Primary Position: _____ **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

** 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. Give it a try at: **www.bigredacademy.com**

Step 2: PAYMENT

Check (Checks payable to: Nebraska Baseball Academy)

Credit Card please consider on-line registration at www.bigredacademy.com

___ 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 _____

Step 3: THE FOLLOWING MUST BE COMPLETED IN ORDER FOR THE CAMPER TO ATTEND CAMP

Camper Name _____ 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 2007-08 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:
Renee Brinkmann
Academy Coordinator
402-472-2269
rbrinkmann@huskers.com
402-472-9641 (FAX)

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)

www.bigredacademy.com