

# Registration

Registration must be received in the mail by Friday, July 24, 2009. To accept an application after this date, you must call Steve Torricelli at 652-7090 to arrange registration. For more information or questions, please contact Steve Torricelli at 525-1420, Ext. 237.

Tuition cost of the clinic is \$100 per child. ***There is a \$15 cancellation fee.***

## Make checks payable to SCI Baseball.

\_\_\_\_\_  
CAMPER'S NAME

\_\_\_\_\_  
PARENTAL CONTACT

\_\_\_\_\_  
ADDRESS

CITY STATE ZIP

( ) \_\_\_\_\_

PHONE: Home

( ) \_\_\_\_\_

PHONE: Day

\_\_\_\_\_  
PARENT'S E-MAIL ADDRESS (for confirmation of registration)

GRADE THIS UPCOMING FALL AGE

\_\_\_\_\_  
SCHOOL THIS UPCOMING FALL

POSITION:  Pitcher  Catcher  Infield  Outfield  
(Please write "1" for Primary Position and "2" for Secondary Position of preference.)

T-SHIRT SIZE Adult:  S  M  L  XL  XXL

### Mail this form to:

SCI Baseball Camp  
c/o Benedictine University at Springfield  
1500 North 5th Street  
Springfield, IL 62702

# Required Parental Authorization/ Release of Information

## Consent to Treatment Limitation and Waiver of Liability

In partial consideration of our child's acceptance into the Springfield College-Benedictine University Baseball Camp, I/we as parents of

**Camper's Name** \_\_\_\_\_

do hereby agree to limit the liability of the Springfield College-Benedictine University Sports Camp, Benedictine University at Springfield, Lanphier Ball Park, its employees, agents, officers, staff and physicians, to the coverage of the medical insurance policy covering participants in the Springfield College-Benedictine University Sports Camps as explained in this brochure, which we have read and understand. I/we further agree to waive all liability, except for loss caused by gross negligence, of the Springfield College-Benedictine University Sports Camps, the Board of Trustees of Benedictine University at Springfield, its employees, agents, officers and staff for any accident, injury (including death), illness or other mishap which might befall the above-named camper while traveling to or from, or during his/her attendance at the Springfield College-Benedictine University Sports Camps, which is not covered by said medical insurance policy.

Further, I/we hereby grant permission to the staff and coaches, and any hospital to render to the above-named camper any medical treatment that they deem necessary. I/we understand that all possible effort will be made to inform me/us in case of such treatment.

This health history is correct to the best of my/our knowledge and my/our son/daughter has my/our permission to participate in camp activities with the exception of those noted under physical restrictions.

I authorize the hospital to release medical information regarding the above named participant to interested parties including parents and family physician.

\_\_\_\_\_  
PARENT OR LEGAL GUARDIAN'S NAME (printed)

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

( ) \_\_\_\_\_

PHONE: Day

( ) \_\_\_\_\_

PHONE: Emergency

( ) \_\_\_\_\_

PHONE: Cell

# Required Camper's Health Form

***To be completed by the camper's parent or legal guardian***

## CIRCLE YES/NO/NONE OR ENTER INFORMATION

***ALL INFORMATION MUST BE COMPLETED IN  
ORDER TO PARTICIPATE IN THE CAMP.***

YES/NO **Asthma** YES/NO **Convulsions/Seizures**

YES/NO **Heart Disease** YES/NO **Bleeding Disorders**

YES/NO **Diabetes** YES/NO **Rheumatic Fever**

YES/NO **Head Injury/Concussions**

Allergies to Drugs / NONE \_\_\_\_\_

Allergies to Foods / NONE \_\_\_\_\_

Current Medications / NONE \_\_\_\_\_

Chronic or Recurring Illnesses / NONE \_\_\_\_\_

Operations/Injuries (including dates) / NONE \_\_\_\_\_

Physical Restrictions / NONE \_\_\_\_\_

Physician Name \_\_\_\_\_

Physician Telephone \_\_\_\_\_

Camper's Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

*Please enclose special accessibility accomodation requests.*

## Insurance Information - REQUIRED

*(MUST ATTACH COPY OF INSURANCE CARD)*

Insured Name \_\_\_\_\_

Name of Company \_\_\_\_\_

Address \_\_\_\_\_

Policy Number \_\_\_\_\_

Phone Number \_\_\_\_\_

A doctor's release must be attached if camper is recovering from a recent illness or injury, or if he/she will be participating with a cast or splint.

SCI Advanced Exposure Baseball Camp

Dates: July 28-29, 2009

Time : 9am-2:30pm

Location: Lanphier Ball Park –Robin Roberts Stadium (adjacent to Lanphier High school)

Ages: 14-18

Instructors : Steve Torricelli and local college and high school coaches.

Fee: \$100 for two five-hour sessions

Session limited to 75 players.

Rule and Regulations : Any actions that are deemed detrimental to oneself, another camper, a coach or destruction of property will lead to that player's immediate dismissal from camp without refund.

## Camp Schedule

9:00: Camp Begins

Drills/Stations / 7 Inning Games

11:45: Lunch

12:45 : Drills/ Stations / 7 Inning Games

2:30 : End of Camp

Springfield College  
1500 North Fifth Street

Phone: 217-525-1420 ext. 237

Fax: 217-525-1497

E-mail: storricelli@sci.edu

**Steve Torricelli:**

**217-525-1420 ext. 237**

## General Camp Information

This three-day camp is for players ages 14– 18 and instructed by Steve Torricelli and local college and high school coaches. Players will be given the opportunity to play with individuals of their same age and skill level. Also, one-on-one instruction and position tips will be provided.

Each day will include intensive workout sessions, along with instructions for campers to develop their individual skills and techniques. Players are then given the opportunity to apply the knowledge and skills they have learned in real game situations. Teams will compete in afternoon games that will allow them this experience.

Coaches are from area colleges and city high schools. This will allow the players, especially those just entering high school or college, a view of what its like to play baseball at the next level. Also, players are given a chance to interact with the coaches and learn what is expected of them as a high school or college team player.

Lunch is provided each day. Coaches are on hand at all times to provide first aid.

Campers should bring the following items: spikes, baseball bat, tennis shoes, glove, batting gloves, long pants, gym shorts, athletic supporters and cup and sunscreen.

For more information regarding baseball camp, contact us at :

**storricelli@sci.edu**  
or call 217-525-1420 ext. 237

## Location

### Advanced Exposure Camp:

Lanphier Ball Park - Robin Roberts Stadium  
1415 N. Grand Ave. East  
(adjacent to Lanphier High School)

## Insurance and Medical

A member of the Athletic Training staff will be on call during camp activity sessions.

A parental authorization/release of information form is included and **must** be returned with the registration form. All insurance information **must** be complete or the camper **will not** participate. **All participants must have proof of medical insurance.** Campers who do not have insurance will be responsible for all medical payments.

**Note:** Camp includes much physical activity. Participants are encouraged to be properly conditioned.

## Rules and Regulations

Campers must abide by the rules and regulations of the Bulldogs' Baseball Camp. Any serious violations, damage to Benedictine University at Springfield and Lanphier Ball Park property, or other behavior deemed detrimental to the group will result in immediate dismissal. There will be no refund of fees upon expulsion or upon voluntary withdrawal from the camp.

## Questions

Please call 525-1420, Ext. 237 or e-mail storricelli@sci.edu with questions regarding registration, cancellation, general inquiries or in case of inclement weather.

Online information and registration is available at **sports.sci.edu**

BULLDOG  BASEBALL

# 2009 Advanced Exposure Camp

Springfield College  
Benedictine University



**Date: July 28-29, 2009**  
**Time: 9am - 2pm**

**Location :**  
Lanphier Ball Park

 **Benedictine University**  
at Springfield

Advanced Exposure Baseball Camp  
1500 N. 5th St.  
Springfield, IL 62702