Colorado School of Mines Baseball Fall Prospect Camp

DATES: September 2nd, 2017 (Seniors)
September 3rd, 2017 (Sophomores & Juniors)
(REGISTER BY AUGUST 20th, 2017)
Camp will be limited to 27 players each day and spots will be reserved in the order of your registration.

AGES: High School sophomores, juniors, and seniors

PLACE: Jim Darden Baseball Field – Golden, CO

TIMES: 12:00 – 5:00 p.m.

COST: $140 (If paying by check make to CSM Baseball Camp)

ACTIVITIES: Have the opportunity to showcase your skills to coaches from Colorado School of Mines in a pro style workout. The camp will consist of running a 60, throwing from positions, batting practice, and live scrimmage; also pitchers will throw live to hitters. Instruction will be given by the coaches and evaluations will be given to the players.

EQUIPMENT: Each player must bring his own baseball equipment. Players should bring a glove, bat, cleats/spikes, running shoes or turf shoes, hat, and any other equipment they feel necessary to compete. Catchers must bring their own gear. Helmets will be provided.

REGISTRATION: To register, fill out the waiver liability form and send in the attached registration form with your check to:

CSM Baseball Camp
1500 Illinois Street
Golden, CO 80401

REGISTRATION FORM

Name__________________________ Phone____________ Height_______ Weight__________
Address________________________ Year in School_____ Birthdate______________________
________________________ E-Mail___________________________________________
Position(s)________________________ GPA_____ ACT/SAT__________
High School____________________ Summer Team___________________________________
E-Mail Questions to Coach Jerod Goodale: jgoodale@mines.edu

Liability Waiver

In consideration of Colorado School of Mines making arrangements for and permitting and assisting Camper to take part in this Camp, the undersigned Camper and Parent or Guardian, if appropriate, agree to hold harmless, release, indemnify and forever discharge Colorado School of Mines, and its Board of Trustees, officers, directors, employees, agents, and any persons acting on their behalf, as well as their heirs, executors and assigns, from and against any and all liability, claims, demands, costs and expenses (including attorneys’ fees) arising out of or in any way connected with any bodily injury or property damage in any way relating to or arising out of Camper’s participation in the Camp, even if the liability, claims, demands, costs and expenses may arise, in whole or in part, out of the negligence or carelessness of the persons or entities mentioned above.

The Camper and Parent or Guardian are aware that the Camp may include certain risks and dangers. The Camper and Parent or Guardian understand that specific risks vary depending on the level and nature of the Camp, and can range from minor personal injuries such as scratches, bruises, and sprains to major injuries such as eye injuries and back or joint injuries, to catastrophic injuries resulting in paralysis or death. By signing this waiver, the Parent or Guardian is consenting to Camper’s participation in the Camp and acknowledges that he/she understands that any and all risk, whether known or unknown, is expressly assumed by Parent or Guardian and all claims, whether known or unknown, are expressly waived in advance.

To the best of their knowledge, Camper and Parent or Guardian are not aware of any mental or physical disability or health-related reasons or problems that would hinder or otherwise prevent Camper from safely participating in the Camp. Camper and Parent or Guardian understand that they are solely responsible for any costs arising out of any bodily injury or property damage sustained through or arising from Camper’s involvement in the Camp. Further, the Parent or Guardian is responsible for all of Camper’s medical expenses. By signing this waiver, the Parent or Guardian gives permission is cases of Camper’s injury or illness to render emergency first aid and to make any necessary referral for treatment.

Camper’s Parent or Guardian expressly agrees that this Liability Waiver Form is intended to be as broad and inclusive as permitted by the laws of the State of Colorado, and that if any portion herein is held to be invalid or unenforceable, the balance shall continue in full legal force and effect. Camper’s Parent or Guardian has carefully read this Liability Waiver Form, understand the contents herein, and is executing it voluntarily of his/her own free will. Camper’s Parent or Guardian has had sufficient time to review and seek explanation of the provisions above, has carefully read them, understands them fully and agrees to be bound by them.

Nothing in this waiver shall be construed to waive, limit, or otherwise modify any governmental immunity available to any of the persons or entities released herein under the Colorado Governmental Immunity Act, §24-10-101, et seq., C.R.S.

________________________________________________________________________
Name of Camper (please print) Camper’s Health Insurance

________________________________________________________________________
Name of Parent or Guardian (please print) Insurance I.D. #

________________________________________________________________________
Signature of Camper’s Parent or Guardian Date

Please circle which camp you will be attending: Sept. 2nd
Or Sept. 3rd