

2015 Fort Smith Baseball Academy High Prospect Camp

Where: 10818 Old Hwy 71 South, Fort Smith, AR 72916

Date: December 30, 2015-**College Coaches will be there**

Time: 12pm Price: \$50

RSVP: jim.wiley22@cox.net

Name: _____

Cell #: _____ Email: _____

DOB: _____ Graduation Year: _____

High School: _____ High School Coach's Name: _____

Summer Program: _____ Summer Coach's Name: _____

ACT: _____ GPA: _____ Clearinghouse#: _____

Parent's Name: Mother _____ Parent's Name: Father _____

Mother's Cell #: _____ Parent's Cell #: _____

Mother's Email: _____ Father's Email: _____

Emergency Contact: _____ Emergency #: _____

Primary Positions _____

Bats: R / L / S

Throws: R / L

Bat Exit Speeds:

1. _____

2. _____

3. _____

4. _____

5. _____

Pitchers Velo

1. _____

2. _____

3. _____

4. _____

5. _____

Notes: _____

Parent's Release Statement

In accordance with **Fort Smith Baseball Academy** I hereby give my consent for the camper listed below to participate in the activities of the camp, to include the specific sports activities and recreational activities conducted at the camp. The undersigned camper and parent/ guardian understand that the camper will engage in physical activity during the program, which contains and inherent risk, indemnities, and release **Fort Smith Baseball Academy**, its officers, Directors, Agents and Employees from any and all liability for personal injury arising out of the camper's participation in the Showcase program. If at any time it is necessary for the camper to receive outside or professional medical attention, I hereby give my consent to the camp to secure services and arrange transportation if deemed necessary.

Parent or Guardian

Applicant

Parent or Guardian
Signature

Applicant Signature