

2019 MISSOURI STATE SKILLS & SHOWCASE BASEBALL CAMP

Missouri State head coach Keith Guttin has announced two **Skills & Showcase Baseball Camps**, to be held Sunday, Sept. 22 and Saturday, September 28. Both camps will run from 8:30 a.m. – 6:00 p.m. at Hammons Field. The cost of each single-day camp is \$175.00, while the fee for Pitcher (PO's limited to pitching in games only) is \$120.00. The camps are open to 2020, 2021, 2022 and 2023 high school graduates only. Register early, as a limited number of participants will be admitted for each camp.

The setting for the baseball camp is Hammons Field, considered one of the finest college baseball facilities in the country. A 15,000 square foot Bill Rowe Training Facility, equipped with cages, mounds, and field turf will also be utilized during the camp, as will the Bill Mueller Clubhouse, which features a locker room, players' lounge, meeting/video room, weight room, training room and offices.

Prospective campers should submit the completed application, consent to treatment and health form and full payment to:

**Keith Guttin, Inc.
Missouri State University
Forsythe Athletics Center
901 S. National Avenue
Springfield, MO 65897**

Each camper should indicate primary and secondary positions on the camp application. The camp will be filled (up to 54 campers) based on primary positions for three full teams. The secondary position will allow flexibility in arranging four competitive teams during the game phase of the camp.

Please make checks or money orders payable to **Keith Guttin, Inc.** You may register online at **MSUBearsBaseballCamps.com**. A processing fee of \$10 is added to online registrations. Applications will be processed on a first-come, first-served basis until all positions are filled. There will be a need for eight catchers, 8-10 middle infielders, 8-10 corner infielders, 12 outfielders, and 12-16 PO's or additional pitchers listed as secondary position. Acceptance will be verified through a confirmation letter or phone call. Please list all preferred phone contact numbers.

Each camper should bring his bat, batting helmet, glove, batting gloves, spikes, game pants, hat, and catching gear. Each camper is also responsible for transportation to and from camp and overnight accommodations.

CAMP SCHEDULE

8:00 a.m. Registration/Check-in

8:30 a.m. Stretch

9:00 a.m. Skills Evaluation
-60-Yard Dash
-OF Throw
-IF Throw
-Catchers Throw
-Batting Practice

11:15 a.m. Lunch

12:00 p.m. Gray vs. Black

2:00 p.m. Maroon vs. Gray

4:00 p.m. Black vs. Maroon

**Game times subject to change*

MISSOURI STATE SKILLS & SHOWCASE BASEBALL CAMP

Indicate which camp you will be attending: September 22: _____ September 28: _____

Name: _____ Date of Birth: _____ Year Graduation: _____

Address: _____ Height: _____ Weight: _____

City: _____ State: _____ Zip: _____ Grade Point Average: _____

Phone: _____ Class Rank: _____ SAT: _____ ACT: _____

E-mail Address: _____ High School: _____

Age: _____ T-Shirt: S M L XL XXL Position: (1) _____ (2) _____

CONSENT TO TREATMENT LIMITATION AND WAIVER OF LIABILITY

In partial consideration of our child's acceptance into the MSU Skills & Showcase Baseball Camp, I/we as parents and/or legal guardians of _____ do hereby agree to limit the liability of the Skills & Showcase Baseball Camp, its employees, agents, officers, staff and physicians, to the coverage of the medical insurance policy covering participants in the MSU Skills & Showcase Baseball Camp as explained in the brochure, which we have read and understand. I/we further agree to waive all liability of the Skills & Showcase Baseball Camp, its employees, agents, officers, staff, and physicians, 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 attendance at the Skills & Showcase Baseball Camp, which is not covered by said medical insurance policy.

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

Parent or Legal Guardian(s) Name (printed) _____ Signature: _____

Day Telephone: (_____) _____ Night Telephone: (_____) _____

Emergency Contact: _____ Emergency Telephone: (_____) _____

CAMPER HEALTH FORM

To be completed and signed by camper(s) parents or legal guardian:

Asthma Diabetes Heart Disease Rheumatic Fever Bleeding Disorders Convulsions/Seizures Head Injury/Concussions

Allergies to Drugs: _____ Allergies to Food: _____

Last Tetanus Immunization (date): _____

Current Medications: _____ Chronic or Recurring
Illnesses: _____

Operations/Injuries (include dates): _____

Physical Restrictions*: _____

Physician Telephone: (_____) _____ Dentist Telephone (_____) _____

Medical Insurance: _____ Policy Number: _____

PARENT AUTHORIZATION RELEASE OF INFORMATION

This health history is correct to the best of my knowledge and my son has my permission to participate in camp activities with the exception of those noted above*. I authorize Health Services to release medical information regarding the above named participant to interested parties including parents and family physician.

Parent or Legal Guardian Must Sign Here: _____

I have read and I understand the camp program and application process as described in this brochure:

Parent or Legal Guardian Must Sign Here: _____