

2011 INDIANA BASEBALL Prospect Clinics

*Receive instruction and be evaluated on your baseball skills
and your potential for college play!*

Indiana Head Coach Tracy Smith and his staff are pleased to announce three upcoming prospect clinics for 2011. Clinics are open to high school players and feature quality instruction along with a pro-style workout and evaluation by the Indiana Baseball coaching staff. We suggest you sign up early as each clinic is limited to the first 68 applicants (17 players per team). Open to any and all.

Choose your date(s):

Sat., Aug. 13th*
9-5 p.m.

Sun., Sept. 18th*
9-5 p.m.

Thurs., Dec. 29th
1-9 p.m.

Facilities:

All clinics will be held at Indiana Baseball's Sembower Field, on the corner of Fee Lane and 17th St., except the December clinic which is held in the Mellencamp Pavilion. *For the outdoor clinics, the rain date is one day after the original date.

Cost: \$140

Cancellations and/or requests to change clinic dates will be accepted up to two weeks prior to a clinic. Within two weeks of the clinic, you must present a physician's note in order to switch dates or cancel and receive a refund. All payments are subject to a \$50 handling fee. Your camp fee, less a \$75.00 non-refundable administrative deposit, will be refunded without question if you cancel at least two weeks prior to the clinic.

To Register:

Complete the application on the next page, or visit:
www.RegisterMeFast.com/camps/IUProspect
to register online, for a small fee, using your credit card.

Questions?

Email: indianabaseballcamp@comcast.net or call 812-331-1334.

PLEASE NOTE: Though we have reserved 8 hours for the clinic, many times we release players earlier. The clinic time is an estimate and is based on the number of players attending and the depth at their positions.

2011 INDIANA BASEBALL Prospect Clinic Application

FULL TUITION MUST ACCOMPANY THIS APPLICATION.

Send completed registration form along with check or money order
for \$140.00 (no cash) payable to:

IUBase, 3301 Spring Branch Rd., Bloomington, IN 47401

****CIRCLE ONE OR MORE****

Sat., Aug. 13th

Sun., Sept. 18th

Thurs., Dec. 29th

Personal Information (please complete)

Name _____ Phone _____

High School _____ Height/Weight _____

Age _____

Position _____ (Please list primary position) Graduation Year _____

Email _____ Parent's Email _____

Address _____ City _____ State _____

Zip _____

Parent/Guardian Name (first and last) _____

Work Phone _____ Cell Phone _____

Waiver:

I, the undersigned, submit that my son or daughter is physically fit to participate in strenuous athletic activity and waive the Indiana University Prospect Clinic, Tracy Smith Hoosier Baseball Camp, LLC, Indiana University, and all sponsors from any and all responsibility for injury or illness. I hereby authorize the directors of the camp to act for me according to their best judgment in an emergency requiring medical attention. I understand that I am solely responsible for the payment of any such medical expenses and provide the camp proof of medical and accident insurance. I also understand that my deposit is subject to a \$50 handling fee.

_____/_____/_____
Parent/Guardian Signature / Date / Emergency Phone #

Aug. Sept. Dec.

Chk # _____

Amnt. _____