



July 5-9, 2009

A BASEBALL CAMP EXPERIENCE TO MEET YOUR NEEDS

OVERNIGHT CAMP - Ages 9-16, \$510.00

Sunday - Thursday, full day and night (meals included)
 Check-in Sunday from 5-6:30 p.m.; First meal is Monday breakfast.
 Camp Store opens at 5 p.m. Sunday.
 First session Sunday evening 7-9 p.m.

A rare opportunity to "live baseball" for the week. Come to the Big Ten's gem in southern Indiana. Sleep in air-conditioned dorms (two to a room), eat in a college dining hall, and spend your days immersed in baseball instruction and games while your nights offer the fun of evening activities with fellow campers that may include bowling, swimming, touring the famous Assembly Hall, watching baseball themed movies and more. Overnight campers will be supervised 24 hours a day and are expected to follow our camp rules at all times. Failure to do so will result in dismissal from camp without a refund. Camp will dismiss Thursday at 4 p.m. Lunch on Thursday is the last dining hall meal for Overnight campers. Overnight campers will check-in and out at Sembower Field and will be escorted to the dorm by our staff. Please be aware that IU charges \$50 for a lost room key. We'll work with your child on responsibility this week!

COMMUTER CAMP - Ages 8-16, \$380.00

Sunday evening; Monday - Thursday, 9 a.m. - 4 p.m.
 Check-in Sunday at 6:30 p.m.; First meal is Monday lunch.
 First session Sunday evening 7-9 p.m.
 Our commuters will spend their days from 9 a.m. to 4 p.m. enjoying the fun and fundamentals of baseball. They will have lunch daily in a college dining hall with staff and overnight campers. Camp will dismiss Thursday at 4 p.m.

LIL' HOOSIERS CAMP - Ages 6-8, \$155.00

Monday - Thursday, 9-11:30 a.m.
 Check in Monday at 8:30 a.m.
 For those campers who want a full week of mornings-only camp. These campers might be new to baseball or too young to handle a full day of activity. Parents are welcome to make the decision as to how much the child can handle. Little Hoosiers will focus on fundamentals and instruction will focus on fun!

PHYSICALS

No physical examination is required. Each camper must have a completed parental consent form on file with the camp. This form is on the following page. Current tetanus is required.

CAMP STORE

Tracy Smith Hoosier Baseball camp will offer a Camp Store stocked with food and drinks. In addition, we will have Indiana Baseball apparel available to purchase. Campers who choose to shop the camp store should plan to deposit money into a Camp Bank Account in their name. At the end of the week, checks will be written to the campers who have a balance in their account. This way, campers need not worry about cash while at camp. Overnight campers can use their camp bank money for pizza, a small fee for swimming or bowling, and even "midnite" snacks!! Feel free to send the camp bank money with your camp registration or deposit cash when you check in the first day.

TENTATIVE DAILY SCHEDULE

7:30 a.m.	Wake Up/Breakfast	1 p.m.	Instruction/Games
8:30 a.m.	Stretch and Warm Up	4 p.m.	Dismiss Commuters
9 a.m.	Instruction	5:30 p.m.	Dinner
11:30 a.m.	Lunch/Relax	7 p.m.	Evening Activities Begin
	Dismiss Lil' Hoosiers	10:30 p.m.	Lights Out

CHECKLIST/ITEMS TO BRING

- Sign and return registration and medical consent form
- Register by June 15 to reserve spot and assure a T-shirt
- Mark clothing and possessions with your full name
- Pillow, sheets and blanket for twin long bed
- Clothing, towels and personal hygiene articles
- Swimsuit (Overnight Campers)
- Bat, glove, cleats or tennis shoes, hat, catcher's equip. (if you have it), batting glove, baseball pants or shorts
- Sunscreen and bug repellent
- Camp Store money
- Do not bring valuables - we'll provide a valuable experience!

REFUND POLICY

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 beginning of camp. At any time after that date, refunds (less the \$75.00 administrative fee) will be made for medical reasons only and must be accompanied by a signed medical statement from your physician within 30 days from the start of camp. If no request for cancellation is made before the camp begins, absolutely no refunds will be given. In addition, a \$50.00 additional fee will be assessed for all returned checks.

TRANSPORTATION/HOTEL

- Bloomington Shuttle Service: 800-589-6004, www.bloomingtonshuttle.com
- Classic Touch Limo: 800-319-0082, classictouchlimo.com
- For campers/parents who might like to arrive a day early, please access www.visitbloomington.com for all your lodging and dining needs.

Dear Baseball Players,

College and professional baseball players spend the majority of their baseball lives mastering fundamentals and developing proper baseball technique. Only after all that skill work are they ready to compete at the highest level. This summer, our Hoosier Baseball coaching staff and players want to spend time helping you advance your game through specific skill instruction, loads of repetition, and FUN in fundamentals. We hope you choose to put in some extra baseball time with us!



Sincerely,
 Tracy Smith

P.S. - Save the date! Holiday Academy: Dec. 28-30, 2009.

2009 TRACY SMITH HOOSIER BASEBALL CAMP

(Please complete all portions of this form and return with payment.)

Name _____

Address _____

City _____ State _____ Zip _____

Email _____

Age _____ Primary Position _____

Grade Entering (Sept. 09) _____ Graduation Year _____

School _____

Circle One:

Youth T-Shirt Size: YS YM YL

Adult T-Shirt Size: S M L XL

Roommate Preference _____

HOOSIER BASEBALL CAMP - JULY 5-9, 2009

Overnight (Ages 9-16) – \$510.00, meals and lodging included

Commuter (Ages 8-16) – \$380.00, lunches included

Lil' Hoosiers (Ages 6-8) – \$155.00, commuter only

Camp Bank deposit – \$ _____

Make checks payable to:

Tracy Smith Hoosier Baseball Camp

Mail application with payment to:

Tracy Smith Hoosier Baseball Camp

c/o Jaime Smith

3301 Spring Branch Rd.

Bloomington, IN 47401

OR register online at:

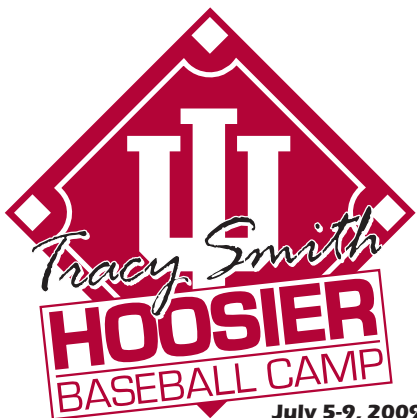
www.registermefast.com/camps/iubase

Note: Camp fees include secondary Accident/Health Insurance for each camper.

QUESTIONS:

Contact Jaime Smith at 812.331.1334 or

indianabaseballcamp@comcast.net



WAIVER AND RELEASE

I do hereby waive, release and discharge the Tracy Smith Hoosier Baseball Camp and the respective staffs, employees, successors and assigns, of and from any and all rights and claims for damage resulting from injury of my person or property, which may be or arising out of my traveling to or from the Tracy Smith Hoosier Baseball Camp. I/we, the parents/guardians, agree to the above waiver and release and we join therein. I give permission to Indiana University and the Tracy Smith Hoosier Baseball Camp to take photographs and videos of my child during the course of the camp activities. These photographs may be used for publicity purposes by the Tracy Smith Hoosier Baseball Camp.

Parent/Guardian Signature _____

Date _____

MEDICAL CONSENT FORM

In order to enable the Health Center of Indiana University and/or other health facilities in Bloomington to provide prompt care to your minor child, we must have a completed Medical Consent Form on file with your application. This way, we can help your child without delay in an emergency.

Name of Minor _____

Birthday (mm/dd/yy) _____

Insurance Company (do not omit this information) _____

Policy # or Group # _____

Social Security # (if used by insurance) _____

Allergic Reactions _____

Present Medication _____

Date of Last Tetanus Toxoid _____

Any past illness or other information that would be useful in the event of medical treatment _____

EMERGENCY NUMBERS

Father Home _____

Father Work _____

Father Cell _____

Mother Home _____

Mother Work _____

Mother Cell _____

Name and phone number to call if parents cannot be reached:

I grant permission to the Directors, Assistants, or other persons responsible for care to act on my behalf of said minor in granting permission for evaluation and treatment of medical and psychological problems. I understand that should a major medical or psychological problem arise, an attempt will be made to notify me by telephone. In the event that I cannot be reached, I hereby give consent to such medical treatment as deemed necessary including surgery, x-ray examinations and anesthesia to be rendered to said minor by a licensed physician or nurse.

Parent/Guardian Signature _____

Date _____