

2019

Pre-Season Hitting Camp

@ The University of West Florida

The Pre-Season Hitting Camp is a great chance for players in grades 8-12 to get in shape and receive hitting instruction from the UWF coaching staff before the season gets started. In addition, it will be a great opportunity for potential student-athletes to see the University and interact with the UWF coaching staff. We will cover hitting and break down each players swing at Jim Spooner Field. This camp will cover all the basics of having a complete swing and we will take batting practice under the lights on the field and get to use the new UWF Hitting Facility. West Florida has recently had some of its best years offensively, 2010 2011, and 2016 marks two of the top three offensive seasons since 1995. The Argos set marks in RBI's, runs scored, and batting average on its way to their 1st NCAA National Championship. In 2013 UWF lead the GSC in Homeruns and ranked 2nd in homeruns for a season. This season the Argonauts put up the best year offensively since the 2011 National Championship season.

The entire camp will take place at Jim Spooner field on the campus of University of West Florida. This is a SELECT event. The cap for the camp will be 20 athletes. Entry is first come, first serve. The camp will be run on Wednesday nights; time of the camp will be 6:00pm until 8:00pm starting **Wednesday January 9th - January 23rd**. Please e-mail this form back to kbrown1@uwf.edu to confirm your spot at the camp. Slots are filling up fast so please do not wait until the last minute.

\$100.00 (3 sessions) (Wednesday Nights)

For more information, please contact Assistant Baseball Coach Kyle Brown at kbrown1@uwf.edu or 850-261-1669

Make Checks out to: Mike Jeffcoat

**Mail to: Mike Jeffcoat
60 Blithewood Dr.
Pensacola, FL 32514**

Name_____ **High School**_____
Graduation Yr_____ **E-mail**_____
Phone#_____

ANY MEMBER OR GUEST OR PARTICIPANT MUST COMPLETE THE FOLLOWING ACTIVITY RELEASE FORM BEFORE YOU MAY BEGIN YOUR ACTIVITIES IN OR ABOUT THE UWF PREMISES.

Personal Information

Players Name: _____

Age: _____

Graduation Year _____

Parent Phone Number: (Home):

(Work):

Street: _____

City: _____

State: _____ **Zip:** _____

RELEASE / DISCLAIMER

I do hereby assume full responsibility for any and all damages, injuries (including death), or losses that I may sustain or incur, if any, while attending, engaging, practicing, participating or witnessing activity and/or certain event(s) occurring in or about the premises or at any offsite location. I hereby assume full risk, waive all claims and release and hold _____, individually or otherwise, harmless for any and all liability, claims, suits, damages, expenses, fees, actions, or rights of action or judgments as a result of injury or death to myself or members of my family or heirs, or my guests, or damage, destruction or loss to my property, which in any way relates to, arises out of, or is in any way connected with my presence on the premises, or my participation in events of activities thereon, or the negligent acts or omissions of the releasees or any other third party.

I agree to wear all protective equipment required while participating in the activity (i.e. batting helmet), and I am fully aware and understand that _____ does not have on or about the premises, or employ or contract with any medical services, provisions for ordinary or emergency medical services.

In consideration of my participation in and the use of the University of West Florida premises or facilities, I hereby release and covenant not to sue the owner of the premises (releasees), shareholders, directors, officers,

employees, representatives, agents, affiliates and lessees from any and all claims resulting from any physical injury that may occur to me while participating in any program or event sponsored by West Florida Baseball Skills Academy.

I HAVE READ AND FULLY UNDERSTAND THE ABOVE RELEASE/WAIVER AND FULLY UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING THIS WAIVER VOLUNTARILY.

Parents or guardians must sign if applicant is UNDER 18.

Parent/ Guardian Name (print): _____

DATE: _____

Parent/ Guardian Signature: _____

DATE: _____

Adult Participant Name (print): _____

DATE: _____

Adult Participant Signature: _____

DATE: _____