

# 2020 Fall Pitching/Catching Camp \$155.00

**@ The University of West Florida**

Mike Jeffcoat just completed his 15<sup>th</sup> season as head coach and 16<sup>th</sup> overall for the Argonauts. In 14 seasons, Coach Jeffcoat has put together a record of 489-267 (.647 winning percentage). Since taking the helm in August 2005, Jeffcoat has spearheaded one of the top baseball programs in NCAA Division II and 2011 National Championship. He has coached his players to numerous individual and team accomplishments that include 83 All-GSC selections, 4 GSC Freshman of the year, 17 All-GSC Tournament, 1 GSC Tournament Most Valuable Player, 30 All-Region selections, 2 All-Region Gold Glove Awards, 8 All-American, and 12 MLB Draft Picks. The 2007 team won the school's first Gulf South Conference Championship, and first NCAA Regional appearance. As a result, his peers named Coach Jeffcoat the GSC Coach of the Year 5 times. The 2010 team was the East Division regular season champions, and the team earned the program's second NCAA Regional appearance. During the 2016 and 2019 campaign, the Argonauts won the regular season title. Argonauts have been to 7 NCAA regionals in 13 years.

**The camp is session for six weeks (one night per week) will focus on four main points:**

- Proper pitching mechanics
- Arm strengthening maintenance
- Bullpen pitching sessions (w/ catcher)
- Select pitch improvement (fastball, curveball, slider, change-up)

**Catchers will be included in the camp to work on:**

- Receiving
- Blocking
- Catch and Release

**Session 1- September 1st – October 6th (Every Tuesday Night) 6PM**

**Session 2- September 13<sup>th</sup>- November 17<sup>th</sup> (Every Tuesday Night) 6PM**

For more information please contact Baseball Coach Kyle Brown at [kbrown1@uwf.edu](mailto: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# \_\_\_\_\_

**Please Check all that Apply**

- Session 1- September 1st – October 6th (Every Tuesday Night) 6PM
- Session 2- September 13<sup>th</sup>- November 17<sup>th</sup> (Every Tuesday Night) 6PM

**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:**

\_\_\_\_\_