

# **Spring Prospect Camp**

## **@ The University of West Florida**

### **Saturday June 8th, 2025**

#### **Cost: \$175.00**

The **Fall Showcase @ UWF** is a great chance for player's high school age and above to showcase their abilities to the UWF coaching staff and potentially other colleges, it will be a great opportunity for potential student-athletes to see the University and interact with the UWF coaching staff. The day will consist of a professional-style workout showcasing speed, arm strength, and the ability to swing the bat. The entire camp will be held at **Jim Spooner Field** on the campus of **University of West Florida**. This is a SELECT event. *Only 50 players* will be admitted to the camp. Entry is 1<sup>st</sup> come, 1<sup>st</sup> serve. Early registration is required. The time of the event will be 9:00 a.m. Check in will begin at 8:30 a.m. at the baseball field.

For more information, please contact **Assistant Baseball Coach Kyle Brown**

**Kbrown1@uwf.edu**

**Make Checks payable to: West Fla. Skills Acad.**

**Mail to: 1901 E Hernandez St. Pensacola, FL 32503**

***Cancellation Deadline for refund: June 5th, 2025***

Name _____	Position _____
Graduation Yr. _____	H.S. _____
Address _____	
Phone # _____	Email _____

**Please fill out following waiver as well:**

**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 \_UWF Coaching Staff\_, 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 \_UWF Coaching Staff\_ 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: \_\_\_\_\_

Participant Name (print): \_\_\_\_\_  
DATE: \_\_\_\_\_  
Participant Signature: \_\_\_\_\_  
DATE: \_\_\_\_\_