

### 4 Week High School Skills Camp

**Who:** High School Aged Kids 13-18

**Where:** John Glas Fieldhouse

**Dates:** January 16<sup>th</sup>, January 23<sup>rd</sup>, January 30<sup>th</sup>, and February 6<sup>th</sup>

**When:** 6-8 PM

**Cost:** \$100 will cover you for all four sessions

**What to expect:** The four clinic sessions will provide advanced instruction for both hitters and pitchers with instruction from Head Coach Matt Ellinghuysen, Assistant Coach Derek Dahlke and current BSU players. The use of BSU equipment will be used including our new Rapsodo for the pitchers. Intendees will be responsible for bringing their own shoes, gloves and we recommend their own bat as we only have a few that can be used.

**Covid Protocols:** MnState Schools are mandated to wear masks in all indoor public places on campus. We will comply with that mandate and require everyone to be masked up.

**Contact Info/ Questions:** Matt Ellinghuysen 507-696-8307 (matthew.ellinghuysen@bemidjistate.edu)

Name: \_\_\_\_\_

High School: \_\_\_\_\_

Age: \_\_\_\_\_ Position: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Emergency Contact Phone Number: \_\_\_\_\_

## **BSU Baseball Clinic Waiver**

### **Hold Harmless:**

The undersigned, Parent/Guardian of minor, understands that participation in the camp is voluntary. Parent/Guardian of minor understands that minor, as a participant in events sponsored by, or associated with Bemidji State University, whether athletic or social in nature, is subject to risk of injury. Parent/Guardian agrees to defend, indemnify and hold harmless Bemidji State University and its partners, agents, employees, owners from and against any claim, demand, suit, judgment, cost of fees, which arise out of or are in any way connected with Bemidji State University Baseball Camps, regardless of whether such claims are the result of the negligence of Parent/Guardian/Minor or anyone else or for any other cause.

### **Permission for Emergency Care:**

As the parent/legal guardian, I request that in my absence, the named participant be admitted to any hospital or medical facility for diagnosis and treatment. In case of injury, accident or illness, I authorize the on-site staff and volunteers to provide appropriate medical assistance or if an emergency transport is deemed necessary, I authorize the same to summon an ambulance to transport the participant the hospital or nearest facility. I also understand that if ambulance transport or emergency treatment is deemed necessary, I may not be notified until after the transport has been initiated. I request and authorize physicians, athletic trainers, technicians, first aid personnel, nurses to perform any diagnostic procedures, treatment procedures, operative procedures, and x-rays of the above. I have been given no guarantee as to the results of examination or treatment. Our insurance carrier and I accept any and all responsibility for all costs associated with the medical care of the above participant. I will notify Bemidji State University Baseball Camps if, at any time, our medical insurance provider changes while participating in the activities with Bemidji State University.

I have read and understand the above.

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_