

### 2013 JIM MCGUIRE YOUTH FUNDAMENTAL CAMP

**Ages:** 6-13

Players will be grouped by ages

Limit 75 campers

Cost: \$125 per camp - Includes lunch

**Time:** 9 a.m. - 4 p.m.

**Place:** Stephen B. Smith Training Facility/

**Murphy Center** 

**Instructors:** Middle Tennessee players

and coaches

For those campers needing overnight accommodations:

Holiday Inn Express 165 Chaffin Place Murfreesboro, TN (615) 849-9000

# YOUTH FUNDAMENTAL CAMP

- DECEMBER 27 -

8-9 a.m. Registration

Stephen B. Smith Clubhouse

9-9:30 a.m. Rules & Introductions

Divide into groups

9:30 a.m. - Four 35-40 minute sessions w/one

break

12:30 p.m. Half of campers at training facility

Half of campers at Murphy Center

Campers stay at same area all

morning

12:30-1:10 p.m. Lunch at Stephen B. Smith Clubhouse

1:10-1:30 p.m. Hitting Talk

1:30-3:50 p.m. Switch Areas

4 p.m. Dismissed

### **BLUE RAIDERS ON THE WEB**

Baseball camp information is now on the web. Please visit www.goblueraiders.com to register for camp, check dates and other important information on Jim McGuire baseball camps.

### **GET ADVICE FROM THE PROS!**

# SEVERAL PROFESSIONAL BLUE RAIDERS WILL INSTRUCT AT THE YOUTH FUNDAMENTAL CAMP

Michael McKenry - Pittsburgh Pirates (MLB) Bryce Brentz - Boston Red Sox (AAA) Coty Woods - Colorado Rockies (AAA) Kenneth Roberts - Colorado Rockies (AA) Will Skinner - Atlanta Braves (AA)



### 2013 JIM MCGUIRE YOUTH FUNDAMENTAL CAMP

#### **REGISTRATION INFORMATION**

SEND PAYMENT AND REGISTRATION TO:		
or Physician's Signature		
Parent/Guardian Signatu	re	
Camp to act accordingly emergency requiring me	staff of the Winter Basebal to their best judgment in an edical treatment, and I state sound physical condition to all camp.	
Business Phone		
Parent's Name		
Age DOB	Year in School	
E-mail		
Phone ( )		
State	Zip Code	
City		
Address		
Camper's Name		
Fundamental Camp	\$125	

Jim McGuire MTSU Box 90 Murfreesboro, TN 37132

## OR REGISTER ONLINE AT WWW.GOBLUERAIDERS.COM

Please make checks payable to Jim McGuire Baseball Camps. For more information, please call 615-218-7679.

Jim McGuire MTSU Box 90 Murfreesboro, TN 37132

# 2013 JIM MCGUIRE WINTER YOUTH FUNDAMENTAL CAMP



**AGES 6-13** 

DECEMBER 27
FUNDAMENTAL CAMP

STEPHEN B. SMITH TRAINING FACILITY



CAMPER RELEASE OF LIABILITY WAIVER: I/we, the undersigned, hereby certify that I/we are the parent or legal guardian of the camper. I/we further certify that the camper is physically capable of participating in the Camp and all related activities. Upon request by Camp, I/we agree to provide a doctor's certificate con- firming the camper's fitness to participate in Camp activities. I/we hereby give permission for the staff of the Jim McGuire Baseball Camp to seek appropriate medical treatment for the camper during the period of the Camp and for the camper to receive medical attention in the event of an accident, injury, disease or illness. I/we will be responsible for all costs of medical attention provided.

As a condition to the camper's participation in the Camp, I/we, for ourselves individually and on behalf of the camper, our heirs, executors, and administrators, hereby waive, release and forever discharge Middle Tennessee State University, its governing board, directors, officers, agents, consultants, employees, independent contractors and volunteers, [if Camp name is different from LLC, corporation or partnership owning Camp, insert name of LLC, corporation or partnership] and Camp, its owners, directors, officers, members, partners, staff, agents, consultants, employees, independent contractors and volunteers (collectively, the "Released Parties"), from any and all liability, claims, demands, actions, and causes of action arising out of or related to any loss, personal injury, disease, illness or property damage that may be sustained or occur during participation in (including periods of rest or other activities related to) or otherwise be associated with the Camp and/or any duties or the breach of any duties that the Released Parties have or are alleged to have to the camper or the undersigned in connection with the camper's transportation to, transportation from, participation, lodging, meals and medical decisions relating to the Camp, whether or not such damages, injury or loss is due to the negligence, strict liability or other legal fault of one or more of the Released Parties.

MEDICAL POLICY: Each camper should have his own medical insurance. Any accident or illness will				
treated at the on campu	s or or			
Illness or injury that cannot be treated by our certified staff will be treated at the local medical facilities listed above. In the event of any of the above facilities requiring usage, Doctor and Medical statements will be sent to each camper's parent or guardian to be submitted to their medical insurance company. Experienced certified athletic trainers will be on duty each day in our state-of-the-art training room to handle any Campers Medical attention or injuries.				
			Print Camper Name	Date
			Print Name (parent/legal guardian)	Cell Phone Number of Parent
Signature (parent/legal guardian)	Email Address of Parent			

