

2019 Ouachita Baptist University Baseball Fall Prospect Camp

Saturday, September 14th, 2019

OR

Sunday, September 15th, 2019

Registration: 9:30am- Start Time: 10:00am

- **PLEASE ONLY SIGN UP FOR ONE DATE. EACH DAY WILL BE A SEPARATE CAMP WITH THE SAME FORMAT.**
- On the Campus of OBU at Rab Rodgers Field
- Position Players will be evaluated via a Pro-Style Workout and Simulated Coach Pitch Game
- Pitchers will be evaluated during instruction time and in a bullpen setting
- Players will get a tour of our facilities and Q&A with coaches and/or players.
- Lunch and T-Shirt WILL be provided
- Cost is \$125 for Position Player and \$100 for Pitcher Only – **make checks payable to "Luke Howard Baseball LLC"**

Make your reservations now for the 2019 Ouachita Baptist University Baseball Fall Prospect Camp. Rain or shine. If weather is an issue we will move things to the indoor facility adjacent to our field. Open to high school students grades 9-12. Please fill out the form below and send it in today. Itinerary will be provided when you sign up, via email. If you play multiple positions, please put your top two primary positions. Questions: Contact Tanner Rockwell 501-206-2311, or email Rockwellt@obu.edu.

Name _____

Address _____
Street Address City State Zip

School _____ Position(s) _____

Age _____ Date of Birth _____ Grad Year _____

Parent/Guardian Name _____ Email Address _____

Home Phone _____ Parent Work/Cell Phone _____

Check One September 14th **OR** September 15th T-Shirt Size (adult sizes): M L XL XXL

Health Insurance Information

It is understood that Ouachita Baptist University and the staff does not provide primary insurance coverage during baseball camp. The tuition of the camp covers secondary accident insurance only. In case of injury, the parents' or guardians insurance would be the primary insurance coverage.

Insurance Company _____ Policy or Group # _____ Date _____

I give my permission for my son to participate in the OBU Baseball Camp knowing that it will contain vigorous physical activity that could lead to injury. I hereby authorize the directors of the OBU Baseball Camp to act for me according to their best judgment in any emergency requiring medical attention. I know of no mental or physical problems that affect my son's ability to safely participate in this camp. I hereby waive and release the OBU Baseball Camp, from any liability for illness or injuries.

Parent/Guardian Signature _____ Date _____

Send registration form and payment to:

OBU Baseball Camp

410 Ouachita Street-Box 3635

Arkadelphia, AR 71998-00