



2019 Summer Baseball Team Camp Registration Packet

This year the Berry College Baseball Team will be hosting its annual baseball team camp. Our team camp will provide the opportunity for your players and coaches to learn and work together during the summer. The ropes course will challenge your team in communicating and trusting each other, while they problem solve throughout the morning. This helps you define who are your true leaders, and make for some great memories as a team. The camp will also expose your player's talents and allow us to evaluate them during our individual practice time, which is held the Sunday evening before the camp and instruction begins.

Starting Monday, during the first half of each day (9:00-11:30am), Berry's coaching staff along with former/current Berry players, will provide instruction that will focus on the fundamentals of the game. Each high school player will be divided into infield, outfield, catching and pitching groups. Team coaches are welcome to participate or just observe. The Second half of each day (1:00- 9:00pm), the teams will play one of their scheduled four games. See Camp Schedule Below.

Each team will be provided camp T-shirts for their players and coaches. Batting cages will be available for all teams to use outside of camp instruction times. Overnight campers will have access to our new indoor pitching facility, hitting cages, gyms, indoor swimming pool (based on availability) and the rest of the 27,000-acre campus (if desired there are other/non-camp team entertainment activities available in Rome: Rome Braves Baseball games, bowling, putt-putt golf, movies, etc...)

Commuters	\$275
Overnight	\$410

- o **Each team will be billed for a minimum of 16 players.**
- o A non-refundable deposit is required for each team. The deposit will be taken off the balance when your team arrives. Commuter and overnight teams = \$1000.00.
- o **Deposits are due by APRIL 15th.**
- o Meals are catered by Berry College Food Service

DAVID BEASLEY
Head Baseball Coach
Berry College
PO Box 172
Mount Berry, Ga. 30149
706-236-1743 (office)
706-237-1760 (cell)

***Baseball Team Camp at Berry College
Camp Application***

Team/School Name: _____

Head Coach (es): _____ Shirt Size(s): _____

Contact Numbers: work _____ home/cell _____

TEAM ROSTER

	Player Name	Grade	Shirt Size		Address
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					

Waiver of Liability
Indemnification Agreement
Berry College Visiting Groups

GEORGIA, FLOYD COUNTY

In consideration of Berry College, Inc. granting me (us) the privilege of using a portion of the Berry College property for the purpose of attending TEAM CAMP from _____, I (we) do hereby agree to waive and release any and all rights which I (we) may now or hereafter have against Berry College, Inc., its representatives, agents or assigns for any injury or damage which I (we) may suffer as a result of attending the activity referred to above, or any related activity; and I (we) agree to indemnify and hold harmless Berry College Inc., its representatives, agents or assigns from any claim, action, cause of action or suit including expenses of litigation and attorneys fees by any injury or damage to anyone=s person or property which may have occurred at any time or place on account of or arising out of or in connection with my (our) use of said premises.

Signed and Sealed this _____ day of _____, _____

(SEAL)
SIGNATURE

Address

Phone

WAIVER OF LIABILITY

Name of Camper(s): _____

Applying for acceptance of my child to the David Beasley Baseball Camp, I, intending to be legally bound hereby for myself, my heirs, executors and administrators, waive and release any and all rights and claims for damages I may have against the David Beasley Baseball Camp, Berry College, Inc., their representatives, agents or assigns for any and all damages and injuries which may be sustained by me or my child in association with this camp. Also, I hereby authorize the director of the David Beasley Baseball Camp to act for me according to his best judgment in any emergency requiring medical attention. My child has had a recent physical examination and is physically able to participate in athletic activities, including baseball.

Parent or Guardian Signature

Date

Health Insurance Carrier: _____

Policy Number: _____

List any known allergies (bees, peanuts, etc.): _____

