

JACK LEGGETT BASEBALL CAMP, INC.
P.O. BOX 283
Clemson, SC 29633

Name: _____ For: _____ 1st Session – June 27-July 1
Date: _____ Receipt No: _____ 2nd Session – July 11-15
Amount: _____ Balance Due: _____ 3rd Session – July 18-22

ALL SESSIONS WILL NOW END WITH AN AWARDS CEREMONY AT 3:30 PM ON THURSDAY AT THE STADIUM

Make check payable to: JACK LEGGETT BASEBALL CAMP, INC., - JACK LEGGETT –
Money order or Cashiers Check are required
CASH IS ALSO ACCEPTABLE UPON ARRIVAL

We are pleased to receive your application to our 36th annual Clemson Tiger Baseball Camp. Enclosed you will find information concerning what you need to bring in the way of personal and baseball needs as well as the Camp Rules. The enclosed Health Certificate/ Consent Form must be completed and brought with you when you register for camp. We would prefer that the balance due be sent at least five days before the reporting date or bring upon arrival. There will be two lines at registration, a faster moving line for those who have sent the balance and another line for those who have not.

Camp registration will be behind the Clemson Tiger baseball stadium, which is across from Littlejohn Coliseum and one block from the football stadium on the Clemson University campus from 12:00 pm to 1:00 pm as follows:

1st Session – June 27
2nd Session – July 11
3rd Session – July 18

Coach Leggett's Sunday Orientation begins on the field at 3:00 pm. Campers are urged to wear shorts and have shoes and gloves with them for the 3:00 – 4:30 pm session. The importance of reporting to camp with tough and callous hands and feet and with your throwing arm strong and ready for a lot of throwing cannot be overstressed. In other words, the week cannot be spent getting into condition to play.

All sessions of camp will end with an Awards Ceremony at the stadium at 3:30 pm on Thursdays as follows:

1st Session – July 1
2nd Session – July 15
3rd Session – July 22

CAMPERS MUST BE PICKED UP NO LATER THAN 3:30 PM ON THURSDAYS. PARENTS AND CAMPERS ARE STRONGLY ENCOURAGED TO STAY FOR THE 3:30 AWARDS CEREMONY AT THE STADIUM.

Because of the large number of young men and women attending various camps at Clemson each summer, we ask you please not to call the Athletic Department numbers for them unless in case of extreme emergencies. Instead, we would much prefer you call the camp number (864) 882-3858 of Coach Leggett. The camp fax number is (864) 888-1819.

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Items to bring to camp:

Shorts	Sheets	T-Shirt	<u>DO NOT BRING</u>
Towels	Socks	Pillowcase	Radio
Underwear	Pillow	Baseball pants	CD player
Blanket	Baseball glove	*Neck string for room key care (Lost key Charge - \$50.00)	Expensive watches
Baseball cap	Baseball shoes (metal or rubber cleated)		Expensive rings
			Excessive cash
			Television
Supporters	Casual wear	Running Shoes	<u>OPTIONAL</u>
			<u>MAKE THESE ITEMS IDENTIFIABLE:</u>
			Bat
			Batting helmet
			Catchers gear
			Glove

MARKABLE ITEMS SHOULD DEFINITELY BE MARKED FOR EASY IDENTIFICATION

Money for souvenir apparel, snacks, cold drinks, etc., will be deposited in the Camp Bank and checked out on a daily basis. For convenience, please bring money in five dollar bills.

CAMP RULES

1. Lights go out in every room at 10:30 pm and everyone wakes up and gets up at 7:00 am. You will be helped in your compliance with this rule.
2. All spending money in excess of \$20.00 must be deposited in the Camp Bank. You will be allowed to withdraw up to \$20.00 daily. To deposit your money, use a small envelope (not sealed), \$5.00 bills, and legibly print your name in the top left-hand corner. Put the figure denoting your deposit in the upper right-hand corner.
3. Casual dress is the proper way to go about campus. Some form of shoes must be worn, you are not to go shirtless. Wear your tennis shoes or sandals to the field for each practice session and change into your baseball spikes at the field. Tennis shoes or sneakers are needed for tunnel batting practice.
4. You will receive all the baseball that you want, but there will be some free time. Of necessity, however, we must limit your movements to our campus. To leave campus for any other purpose, you must first consult with a staff member.
5. If you bring a car to camp, you hand over the keys to the camp Director upon enrollment. Under no circumstances must you use a second set of keys or any other method to operate the car during the week of camp. The camp director must approve any driving away from campus and community area.
6. Coach Leggett is responsible for all the facilities at our school. Even though you are encouraged to have fun and enjoy yourself, you must understand that there will be no horseplay where injury or damage to property could result.

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P.O. BOX 283
CLEMSON, SC 29633**

REGISTRATION INFORMATION

WELCOME TO CLEMSON AND THE 34TH ANNUAL BASEBALL CAMP

TO: Parents, Brothers, Sisters and Drivers

We want you to feel free to stay as long as you like today, but we do have a schedule and must ask you to cooperate in getting the campers settled on time. We would like you to register your youngsters as quickly as possible and get them settled in their rooms. We ask this because we want them back on the field by 3:00 pm for a camp introduction warm-up period, evaluation, and grouping. *Registration will be behind the Clemson baseball stadium between 12:00 – 1:00 pm.

Please use the following as a checklist:

1. Payment of fees. Make check payable to: Jack Leggett Baseball Camp, Inc.
Cashiers check or money order required. Cash is also acceptable upon arrival.
2. Turn in medical form.
3. Receive room key and string (if you did not bring a string).
4. Receive meal ticket.
5. Deposit money in camp bank (please have cash ready - \$5 dollar bills, if possible).
6. Receive one camp shirt. Additional shirts are for sale (\$10.00) nearby as are genuine Clemson team caps (\$20.00) and camp shorts (\$20.00).
7. Receive tape name plate.
8. Get settled in dormitory room.
9. Return to baseball field between 2:45 pm and 3:00 pm (in shorts is okay). No bats needed for this session.

Except in case of extreme emergency, do not call the Athletic Department (864) 656-1940, asking for your son. Instead, call my camp phone (864) 882-3858. Our camp fax number is (864) 888-1819. Please insist that your camper call home collect at least one time during the week.

Please make arrangements to pick up or have your camper picked up next Thursday afternoon at 3:30 pm at the stadium. An awards ceremony will be held at the stadium beginning at 3:30 pm each Thursday. Parents and campers are encouraged to stay for the awards ceremony at 3:30 pm at the stadium.

***If you already have a school physical you can attach it to this one and fill out and sign this one at the bottom.

REDFERN HEALTH CENTER

CLEMSON UNIVERSITY
SPECIAL GROUPS AND CAMPERS
CAMP PHONE NUMBER (864) 882-3858
CAMP FAX NUMBER (864) 888-1819

RECEIPT # _____

(Return when you come to camp or return to: P.O. Box 283, Clemson, SC 29633)

Please print: Complete all information where applicable.

Name of Special Event? Group Attending: **Clemson Baseball Camp**

Participant's Name: _____

Address _____ Social Security No. _____

_____ Date of Birth _____

_____ Male _____ Female _____

Full Name of Parent/ Guardian: _____

(Address, if different from above) _____

Home Telephone: () _____

If not available in an emergency, notify _____

Parent(s) signature (indicates you have accident insurance):

Name and address of your insurance company: _____

Insurance Co. Policy #: _____

Medical History

(To be completed by Parents or Self)

A. List all medications patient is currently taking

B. List all medical conditions currently under treatment

C. Does patient have loss of a paired organ, i.e., kidney, eye?

Yes _____ No _____

If yes, list _____

D. Is patient allergic to any medications?

Yes _____ No _____

If yes, list _____

E. Date of 1st tetanus immunization: _____

I hereby state that the CLEMSON BASEBALL CAMP is not responsible for any pre-existing injury or reoccurrences of any undisclosed pre-existing injury or illness of the above camper prior to the first day the camper registers.

** SIGNED _____

RELATIONSHIP _____

DATE _____

Both this form and the waiver on the next page must be returned in order to register for camp!!

**CONSENT FOR MEDICAL TREATMENT/ PARENTAL PERMIT
RELEASE OF MEDICAL INFORMATION**

The law requires that permission be obtained for operative procedures on minors. The following consent form should be signed by the parents so that such procedures may be promptly carried out, and so that no unnecessary delays will occur with operative procedures. However, no operation will be performed, except emergency, without parents being contacted and fully informed.

I give my permission for such diagnostic, therapeutic, and operative procedures as may be deemed necessary for my son/ daughter.

I authorize release of any medical information to process insurance claims and request of any medical information to process insurance claims and request payment of benefits to the physician or supplier for service described. I understand that should the insurance not cover this illness/ injury, I will be responsible for payment in full of any charges incurred.

** SIGNED _____

RELATIONSHIP _____

DATE _____

PHYSICIAN'S STATEMENT

I hereby certify that I have examined _____

_____ and found him/ her physically fit to attend and participate in the camp and I know of no impairments which would limit his/ her participating.

DATE EXAMINED: _____

** Physician's signature: _____

ADDRESS: _____

TELEPHONE: _____

WAIVER AND RELEASE OF LIABILITY AND/OR NEGLIGENCE

In consideration of being allowed to participate in any way in the Jack Leggett Baseball Camp and related events and activities, the undersigned acknowledges, appreciates, and agrees that:

- 1. There is a risk of injury from the activities involved in this program, including the remote potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce the risk of serious injury and does not exist; and,
- 2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF OTHER ACTS OR OMISSIONS OF THE RELEASEES or others, and assume full responsibility for my participation; and,
- 3. I willingly agree to comply with the customary terms and conditions for participation including compliance with all oral and written instructions. If however, I observe unusual and/or significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and,
- 4. I, for myself and on behalf of my heirs, assigns, personal representatives, family and next of kin, HEREBY RELEASE AND HOLD HARMLESS CLEMSON UNIVERSITY, JACK LEGGETT, JACK LEGGETT BASEBALL CAMP, INC., ALL CAMP INSTRUCTORS, their officers, trustees, board members, agents and/or employees, other participants, sponsoring agencies, sponsors, advertising, and, if applicable, owners and lessors of premises used to conduct the event ("Releases"), WITH RESPECT TO ANY AND ALL CLAIM, DEMAND OR CAUSE OF ACTION ARISING FROM ANY INJURY, ILLNESS, DISABILITY, DEATH or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASES OR ANY OTHER ACTS OR OMISSIONS OF THE RELEASEES.
- 5. I, for myself and on behalf of my heirs, assigns, personal representatives, family and next of kin, hereby agree to indemnify, hold harmless and covenant not to sue the persons and entities hereby released against any loss, costs, damages, liens, expenses (including attorneys' fees), lawsuits, claims, procedures, actions or other liability claimed or imposed upon the persons or entities hereby released for any property damage or loss, personal injury of any kind, illness and/or death, whether arising from the negligence of the Releasees or otherwise.
- 6. The undersigned further expressly agrees that the foregoing waiver and assumption of risk agreement is intended to be as broad and inclusive as is permitted by the law of the State of South Carolina and that if any portion thereof is held invalid, it is expressly agreed that the remaining terms and conditions shall, notwithstanding, continue in full legal force and effect. The undersigned further agrees that this Agreement will be construed under the laws of the State of South Carolina.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT AND FULLY UNDERSTAND ITS TERMS. I FURTHER UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND FULLY INTEND THIS AGREEMENT TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY OF THE ABOVE RELEASEES TO THE GREATEST EXTENT ALLOWED BY LAW. I SIGN THIS AGREEMENT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Participant's Signature _____ Date _____

Participant's name, printed _____

***** FOR PARTICIPANTS OF MINORITY AGE (UNDER AGE 18 AT TIME OF REGISTRATION) *****

I hereby authorize enrollment of my child in the Clemson Jack Leggett Baseball Camp. I further certify that I, as parent/guardian with legal responsibilities for this participant, do consent and agree to his/her release of all the Releasees as provided above, and for myself, my heirs, my family and next of kin, I release and agree to indemnify the Releasees from any liabilities incident to my minor child's involvement and participation in these programs as provided above, EVEN IF ARISING FROM THE RELEASEE'S NEGLIGENCE. I fully understand the terms and conditions of this Agreement as set forth above and expressly agree to be bound by the foregoing terms and conditions.

Parent/Guardian Signature _____ Date _____

Parent/Guardian's name, printed _____

Note: A fully signed copy of this Agreement must be received before the Participant is allowed to take part in any activity