

# FIGHTING ILLINI

BASEBALL

## 2016 SUMMER ID SHOWCASE CAMPS



### SCHOOLS ATTENDING

UNIVERSITY OF ILLINOIS  
NORTHERN ILLINOIS  
WESTERN ILLINOIS  
EASTERN ILLINOIS  
SOUTHERN ILLINOIS  
QUINCY COLLEGE  
ROCK VALLEY COLLEGE  
WEBSTER UNIVERSITY

WHEATON COLLEGE (8/15/16)  
JOHN A. LOGAN  
ILLINOIS CENTRAL COLLEGE  
MILLIKIN UNIVERSITY  
CONCORDIA UNIVERSITY  
SAINT JOE'S COLLEGE  
WISCONSIN-WHITEWATER (8/15/16)

### TENTATIVE SCHEDULE

8:30 AM- CHECK IN AND RECEIVE TSHIRT  
9:00 AM- WELCOME  
9:15 AM- STRETCH WITH S&C STAFF  
9:45 AM- POSITION INSTRUCTION  
10:15 AM- PRO-STYLE WORKOUT  
11:00 AM- BP  
12:30 PM- LUNCH ON OWN AT FACILITY  
1:00 PM- FIRST GAME  
CHECK OUT AFTER PARTICIPANTS GAME

SPACE IS LIMITED SO REGISTER TODAY!

**AGE:** CAMPS ARE OPEN TO ANY AND ALL BOYS, 9-12 GRADE  
**LOCATIONS:** JULY 19 – EDWARDSVILLE HIGH SCHOOL / EDWARDSVILLE, IL  
AUG 15 – WHEATON COLLEGE / WHEATON, IL

## 2016 BASEBALL ID SHOWCASE CAMPS

CAMPER NAME \_\_\_\_\_

PARENT/GUARDIAN'S NAME \_\_\_\_\_

HOME PHONE \_\_\_\_\_ EMERGENCY OR CELL PHONE \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ TSHIRT SIZE \_\_\_\_\_

HIGH SCHOOL \_\_\_\_\_ 2016-2017 GRADE \_\_\_\_\_

PRIMARY POSITION \_\_\_\_\_ SECONDARY POSITION \_\_\_\_\_

ARE YOU A RETURNING FIGHTING ILLINI CAMPER?  YES  NO

QUESTIONS? CALL THE SPORT CAMPS & CLINICS OFFICE AT 217-244-7278

COMPLETED FORM CAN BE MAILED TO  
UNIVERSITY OF ILLINOIS SPORT CAMPS & CLINICS  
1700 S. FOURTH STREET | CHAMPAIGN, IL 61820

### CHOOSE ONE

- JULY 19** (EDWARDSVILLE HIGH SCHOOL / EDWARDSVILLE, IL)  
 **AUGUST 15** (WHEATON COLLEGE / WHEATON, IL)

PRE-REGISTRATION \$195 BY 5:00PM DAY BEFORE CAMP

### METHOD OF PAYMENT:

- CASH  MONEY ORDER  CHECK (PAYABLE TO UNIVERSITY OF ILLINOIS)  
CREDIT CARD:  MASTERCARD  VISA  DISCOVER  AMEX

CREDIT CARD # \_\_\_\_\_

EXP. DATE \_\_\_\_\_

V-CODE \_\_\_\_\_

"I HEREBY ACKNOWLEDGE THAT PARTICIPATION IN THE CAMP AND RELATED ACTIVITIES INVOLVES AN INHERENT RISK OF PHYSICAL INJURY OR LOSS THAT MIGHT BE SUSTAINED BY MY CHILD. IN CONSIDERATION FOR ACCEPTING MY CHILD INTO THE CAMP, I ASSUME ALL RISK OF INJURY AND LOSS THAT MAY BE SUFFERED BY ME OR MY CHILD AND RELEASE AND FOREVER DISCHARGE THE BOARD OF TRUSTEES OF THE UNIVERSITY OF ILLINOIS, ITS OFFICERS, EMPLOYEES AND AGENTS FROM ANY AND ALL KNOWN LIABILITY OF WHATEVER KIND OR NATURE, ARISING FROM AND BY REASON OF ANY AND ALL KNOWN AND UNKNOWN, FORESEEN AND UNFORESEEN BODY AND PERSONAL INJURIES, INCLUDING DEATH, PROPERTY DAMAGE AND THE CONSEQUENCES THEREFORE RESULTING FROM THE REGISTRANT'S PARTICIPATION IN OR INVOLVEMENT WITH THIS CAMP OR PRESENCE ON UNIVERSITY PROPERTY, INCLUDING ANY FAILURE OF EQUIPMENT OR DEFECT IN THE PREMISES, EXCEPT TO THE EXTENT CAUSED SOLELY BY THE WILLFUL AND WANTON MISCONDUCT OF THE UNIVERSITY."

I GIVE PERMISSION TO THE UNIVERSITY OF ILLINOIS TO TAKE PHOTOGRAPHS AND VIDEOS OF MY CHILD DURING THE COURSE OF THE CAMP ACTIVITIES. THESE PHOTOGRAPHS MAY BE USED FOR PUBLICITY PURPOSES BY THE UNIVERSITY OF ILLINOIS."

PARENT/LEGAL GUARDIAN SIGNATURE \_\_\_\_\_

## ILLINOIS. OUR STATE. OUR TEAM.