

# UAB Fall Instructional Camp Registration

1. Please fill in all the information requested (please print legibly), **or sign up online at [www.uabsports.com/camps](http://www.uabsports.com/camps)**
2. Read and sign the enclosed Assumption of Risk Waiver.
3. **Attach a copy of your insurance card.**
4. Enclose your registration fee of \$225. **Any cancellation after August 27<sup>th</sup> will be charged a \$30 dollar processing fee.**  
**Make checks payable to Blazer Baseball Schools.**
5. Return all items to:

*UAB Baseball Fall League, U 236 1720 2<sup>nd</sup> Ave. S, Birmingham, AL 35294-1160*

Name \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_\_

Address \_\_\_\_\_ Apt. \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

Player's Cell Phone \_\_\_\_\_ T-Shirt Size \_\_\_\_\_

Mother's Work Phone \_\_\_\_\_ Father's Work Phone \_\_\_\_\_

Mother's Cell \_\_\_\_\_ Father's Cell \_\_\_\_\_

Name of High School \_\_\_\_\_ Graduation Year \_\_\_\_\_

Name of Head Baseball Coach \_\_\_\_\_

High School Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Head Coach's email \_\_\_\_\_ Head Coach's Work Phone \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ Bat (circle) R L Throw (circle) R L

Primary Position \_\_\_\_\_ Secondary Position \_\_\_\_\_ Varsity or JV (circle one)

GPA \_\_\_\_\_ PSAT \_\_\_\_\_ SAT \_\_\_\_\_ ACT \_\_\_\_\_

List up to four players that you would like to have on your Fall League team

1. \_\_\_\_\_ 2. \_\_\_\_\_

3. \_\_\_\_\_ 4. \_\_\_\_\_

List any conflicts with any games that you are aware of (particularly Sunday games):

Game Day and Date	Conflict

**OFFICE USE:** Date Rec'd \_\_\_\_\_ Amt. Paid \_\_\_\_\_ Check # \_\_\_\_\_ Ins. Card Filed \_\_\_\_\_ Waiver Signed \_\_\_\_\_

# UAB Athletic Department Assumption of Risk Waiver

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As a participant in the sport of **baseball** there is an acceptable risk of injury. UAB has taken reasonable precautions to reduce the risk of injury by providing competent coaching and instructions, well maintained equipment and facilities, proper conditioning programs, and medical coverage.

Catastrophic injuries in athletes, although extremely uncommon, can happen to any participant. Participation in sports could result in death, serious head, neck, and spinal injuries which may result in complete or partial paralysis, brain damage, serious injury to virtually all bones, joints, ligaments, muscles, tendons, and other aspects of the musculoskeletal system or impairment to other aspects of your body, general health and well being.

By enrolling my child(ren), I hereby authorize the director of Brian Shoop Baseball Camp at UAB to act according to his best judgment in any situation regarding medical attention. I fully understand that the camp's insurance policy will only cover costs over and above my medical insurance coverage on my child(ren).

By signing this Assumption of Risk Waiver, you do so assume the risk of becoming tragically injured while participating in your sport at UAB.

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Player Signature \_\_\_\_\_

Date: \_\_\_\_\_

Parent or Guardian Signature \_\_\_\_\_  
(if player is under age 18)

Date: \_\_\_\_\_