

2013 Mississippi State®



Drop Down Pitching Camp



www.hailstate.com/baseballcamps

Specific for Side Arm & Lower Slot Pitching Deliveries

Instruction provided by Bulldog Coaching Staff, MSU current pitchers and four former Major League Drop Down pitchers with 30 years of Major League Baseball experience. Chad Bradford (11-year MLB Career), Scott Sullivan (9-year MLB Career) Jeff Innis (7-year MLB Career), Colter Bean (3-year MLB Career)



Saturday, December 14, 2013

9:00 AM – 4:00 PM Cost: \$200

2014-2017 High School Graduates* and Junior College Sophomores only.

* MUST PROVIDE CURRENT JUNIOR COLLEGE TRANSCRIPT

Name: _____
LAST FIRST PREFERRED NAME

Home Address: _____ City: _____ State: _____ Zip: _____

Home Phone: (_____) _____ Birthdate: ____ / ____ / ____ Age: _____ Grade This Year: _____ School: _____

Email Address: _____ Primary/Secondary Positions: _____

Name of Parents/Guardians: _____

Work Phone: (_____) _____ Emergency Contact: _____ Emergency Phone: (_____) _____

- DROP DOWN CAMP \$200
- STAFF DISCOUNT 10%
- SIBLING DISCOUNT \$15
- \$50 DEPOSIT Remainder due at registration _____
- ENTIRE SUM
- TOTAL ENCLOSED:** _____

OFFICIAL USE ONLY
DEPOSIT _____
AMT. DUE _____
DATE RECEIVED _____

* Mississippi State University does not discriminate on the basis of race, color, religion, national origin, sex, sexual orientation or group affiliation, age, disability, or veteran status.
** Per NCAA rules, sports camps are open to any and all entrants (limited only by number, age, grade level and/or gender).

Please duplicate this form as needed.

CAMP MEDICAL INFORMATION

Please fill out the vital information below as a reference for our trainer.

Name: _____

Birthdate: ____ / ____ / ____ Age: _____ Grade: _____

Address: _____

Name of Parent/Guardian: _____

Home Phone: _____

Work Phone: _____

Emergency Contact: _____

Emergency Phone: _____

Medical Concerns (i.e. Asthma, Allergies, Previous Injuries or Medications): _____

PARENT'S RELEASE STATEMENT

In accordance with the rules of the Mississippi State University Baseball Camp, I hereby give my consent for the camper listed below to participate in the activities of the camp, to include the specific sport activities and recreational activities conducted at the camp. The undersigned camper and parent/guardian understand that the camper will engage in physical activity during the program, which contains an inherent risk, indemnities, and releases Mississippi State University Baseball Camp, its officers, Directors, Agents, and Employees from any and all liability for personal injury arising out of the camper's participation in the Camp program. If at any time it is necessary for the camper to receive outside or professional medical attention, I hereby give my consent to the camp to secure the services and arrange transportation if deemed necessary.

I am aware that the camp's medical insurance provides benefits up to \$5,000 accidental death and dismemberment and \$10,000 medical expenses with a \$100 deductible for which the camper is responsible. There is also a \$1,000 limit on dental insurance. I am aware that I will be responsible for all medical expenses resulting from sickness or any other non-camp related injury or illness.

Parent/Guardian: _____

Parent/Guardian SIGNATURE: _____

Applicant: _____

Applicant SIGNATURE: _____

Insurance Company: _____ Policy #: _____

PHYSICIAN'S STATEMENT

I hereby certify that I have examined:

Camper's Name: _____
and found him/her physically fit to attend and participate in the Mississippi State University Baseball Camp, and I know of no impairments which would limit his/her participation in all activities in the camp.

Date Examined: _____

Physician's Name: _____
PLEASE PRINT

Physician's SIGNATURE: _____

Address: _____

Phone: _____

Please fill out, detach, and mail the total amount or deposit to:

Bulldog Baseball Camp, c/o Athletic Business Office, P.O. Box 5327, Mississippi State, MS 39762
Camp Phone Number: 662.325.3597 | Camp Fax Number: 662.325.3600