

2019 HIGH SCHOOL SUMMER SHOWCASE

(SUNDAY, JUNE 23, 2019 at SWIC BASEBALL FIELD/rain date is Sunday, June 30)

At last fall's showcase, four players were followed and signed to play at SWIC in 2019.

PRO STYLE WORKOUT

60 YARD DASH

Evaluations will be emailed after the camp to participants

THROW FROM POSITIONS

Check-in begins at 1:00 p.m./Warm-up starts at 1:30 p.m.

POP TIMES

Must have a release to participate in camp

BULLPENS

Water will be available for participants

BATTING PRACTICE

Bring all gear necessary to participate

REGISTER: Complete form & release below, make \$25 check payable to "SWIC Baseball". Mail all to: BASEBALL Athletics, 2500 Carlyle Ave., Belleville, IL 62221 QUESTIONS: Email monty.aldrich@swic.edu

Participant _____ Address _____

High School _____ Grad Yr _____ Phone # _____

Email address _____ Position(s) _____ Hgt _____ Wgt _____

ATHLETIC RELEASE AND WAIVER OF LIABILITY

We understand that participating in a sport may be potentially dangerous involving risk of injury. We understand that in any contact sport, an athletic participant can be seriously hurt. We recognize that the dangers and risks of playing of participating in sports include, but are not limited to, falls, contact or collisions with other participants, equipment and facilities, and the effects of weather, including heat and humidity. We understand that my participant may incur a serious injury including paralysis or death, as a result of the dangers and risks associated with sports participation and have certified to the coach, by my signature below, that participant is in good health and physical condition and sufficiently able to participate in said sport. We understand that participant is required to receive a physical examination to identify any physical condition or limitation of which we might not be aware that could affect participation. We have advised the coach of any limitations of activities for medical reasons. Knowing and having been informed of the potential dangers and risks associated with participating in athletic activities, we hereby agree on to assume all such risks and further, to waive, release, discharge and hold harmless the coach, Southwestern Illinois College and their respective employees, agents, representatives and volunteers from any and all liability, actions, causes of actions, claims or demands for personal injury, death or property damage of any kind or nature, and any other claim whatsoever arising out of, or in any way connected with my participating in a sport. This Release and Waiver extends to all claims of every kind or nature whatsoever, foreseen or unforeseen, known or unknown. The terms hereof shall serve as an assumption of risk, release and waiver for myself, my family and our heirs, executors, administrators, guardians or anyone else who might assert a claim on my behalf. We hereby consent to permit the coach and staff to provide emergency first-aid or medical treatment, according to their best judgment, in the event I suffer an injury or illness while participating in said athletic activity.

Date

Signature of Parent/Guardian