

# PROSPECT SHOWCASES

HELD AT THE

UNIVERSITY OF SOUTH ALABAMA

Online  
Registration  
(Preferred):  
[www.jagbaseballcamps.com](http://www.jagbaseballcamps.com)

Manual Registration:  
Visit "Baseball" page at [www.usajaguars.com](http://www.usajaguars.com)  
and select "Prospect Showcase".

Ages: 2019-2022 Graduates  
Sept. 2 • Nov. 4 • Nov. 11  
Stanky Field

Camp Cost: \$150



## CAMP DETAILS

Camp provides maximum opportunity to learn from and show off your talents not only to the South Alabama baseball coaching staff, but as many as 20 other college coaches from Alabama, Florida, Georgia and Mississippi who will be in attendance to instruct and evaluate each participant.

Registration is limited to the first 100 participants for each session. Two sessions (9 a.m. - 1 p.m. / 2 p.m. - 6 p.m.) are available for Sun., Sept. 2. Only one session is available Nov. 4 and Nov. 11 from 10 a.m. - 2 p.m. Space is available on a first-come, first-serve basis.

This camp is an incredible opportunity to learn and gain a tremendous amount of exposure at an extremely minimal cost.

**Cost:** \$150

## CAMP CHECK-IN

Check-in will take place 30 minutes prior to session start time.

## CAMP DIRECTIONS

150 Stadium Blvd  
Mobile, AL 36688

Or visit [www.southalabama.edu/usamaps](http://www.southalabama.edu/usamaps).

## CAMP WAIVERS AND MEDICAL INFORMATION

THE TWO CAMP WAIVERS AND MEDICAL INFORMATION SHEET MAY EITHER BE COMPLETED ONLINE ELECTRONICALLY OR YOU MAY MAIL OR FAX THESE THREE DOCUMENTS IN.

**Mailing Address:**  
6001 USA Drive South, Suite 35  
Mobile, AL 36688

**Fax:** (251) 414-8244

## CONTACT INFO

Any questions? Contact Director of Operations Andrew Carden at (251) 460-6876 or email at [acarden@southalabama.edu](mailto:acarden@southalabama.edu)

**IMPORTANT:** Please provide a current email address that is checked frequently. It will be used to update participants regarding the showcase and to request any additional information needed.

ALL CAMPS/CLINICS ARE OPEN TO ANY AND ALL PARTICIPANTS AND ARE LIMITED ONLY BY THE NUMBERS OF SLOTS AVAILABLE PER CAMP AND THE AGE, GRADE LEVEL AND/OR GENDER OF THE PARTICIPANTS.



**STANKY FIELD**



**REGISTRATION / CHECK-IN AT  
JON LIEBER CLUHOUSE**

2018 University of South Alabama Prospect Showcases  
Stanky Field  
September 2 – November 4 – November 11

Application will not be accepted unless complete. Camper cannot participate in any camp activities until all forms are received including completed medical and liability releases.

Name \_\_\_\_\_ Graduation Year \_\_\_\_\_

Address \_\_\_\_\_

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

Parent/Guardian Name \_\_\_\_\_ Parent/Guardian Phone( ) \_\_\_\_\_

Camper Phone ( ) \_\_\_\_\_ Camper e-mail (print clearly) \_\_\_\_\_

**Please include e-mail address that will be regularly read as camp updates will be sent via e-mail.**

High School \_\_\_\_\_ Primary Position: \_\_\_\_\_

Secondary Position: \_\_\_\_\_

*Cost:* \$150 fee

**Mark the session that will be attended:**

**Sept. 2 ( ) 9 a.m. – 1 p.m. ( ) 2 p.m. – 6 p.m.**

**Nov. 4 ( ) 10 a.m. – 2 p.m.**

**Nov. 11 ( ) 10 a.m. – 2 p.m.**

***Make check payable to:***

Mark Calvi Baseball Camps  
6001 USA Drive South, Suite 35  
Mobile, AL 36688

Office Use Only:
Amt. Received _____
Name on Check _____
Forms Received _____

***This form must be received by the University prior to your child's participation in the camp. You may fax this form to (251) 414-8244, or you may mail the form to:***

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## PARENTAL WAIVER AND CONSENT FORM

As the parent or legal guardian of the child named below, I hereby give my full consent and approval for my child to participate as a team member in the sport designated below.

I understand that there are certain risks of injury inherent in the practice and play of this sport, as well as in traveling and other related activities incidental to my child's participation, and I am willing to assume these risks on behalf of my child. I hereby certify that my child is fully capable of participating in the designated sport and that my child is healthy and has no physical or mental disabilities or infirmities that would restrict full participation in these activities, except as listed below.

In addition to giving my full consent for my child's participation, I do hereby waive, release and hold harmless the organization named below, its officers, coaches, sponsors, supervisors and representatives for any injury that may be suffered by my child in the normal course of participation in the designated sport and the activities incidental thereto, whether the result of negligence or any other cause.

\_\_\_\_\_ (Name of Child) \_\_\_\_\_ (Date of Birth)

\_\_\_\_\_ (Street Address) \_\_\_\_\_ (Town) \_\_\_\_\_ (State)

Please list any physical limitation (allergies, hearing, sight, etc.) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ (Parent's Signature) \_\_\_\_\_ (Date)

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**WAIVER, RELEASE AND INDEMNITY AGREEMENT**

To be completed by all participants. If participant is under 19 years of age, both participant and guardian must complete this release. Participant and guardian must sign in the presence of one (1) witness.

**TO THE UNIVERSITY OF SOUTH ALABAMA:**

Participant, \_\_\_\_\_, and guardian understand that participant is enrolling and participating in \_\_\_\_\_. Participant and guardian understand that participation in this event is voluntary and that this event is not sponsored by the University of South Alabama. Participant further understands that he or she is participating at his/her own expense.

In consideration of the University of South Alabama permitting this event on its campus and thereby agreeing to give access to its campus for this event, participant and guardian, in full recognition and appreciation of any and all risks, hazards, or dangers inherent in this activity, including, but not limited to, the physical risks associated with participation in this event, to which participant may be exposed, do hereby agree to assume all of the risks and responsibilities surrounding participation in such event. Participant and guardian understand that the University of South Alabama, its trustees, officers, agents, servants and employees assume and accept no liability for personal injury or loss of life or damage to personal property resulting from participants enrolling and participating in the above-listed event.

Participant and guardian do for themselves, their heirs and personal representatives, hereby defend, hold harmless and indemnify, release and forever discharge the University of South Alabama, its trustees, officers, agents, servants and employees from and against any and all claims, demands and actions or causes of action on account of or resulting from participation in this event and which may result from causes beyond the control of, or without the fault or negligence of the University of South Alabama, its trustees, officers, agents, servants and employees, during the period of participation as aforesaid.

Participant and guardian attest that participant is physically fit and has sufficiently trained for participation in this activity, and that participant's physical condition has been verified by a licensed physician.

IN WITNESS WHEREOF, participant and guardian (if applicable) have caused this release to be signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
SIGNATURE OF PARTICIPANT

\_\_\_\_\_  
SIGNATURE OF WITNESS

\_\_\_\_\_  
PRINTED NAME OF PARTICIPANT

\_\_\_\_\_  
PRINTED NAME OF WITNESS

\_\_\_\_\_  
SIGNATURE OF GUARDIAN (if applicable)

\_\_\_\_\_  
PRINTED NAME OF GUARDIAN (if applicable)

Telephone number of guardian: \_\_\_\_\_  
OR

Name and telephone number of next of kin: \_\_\_\_\_

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# EMERGENCY MEDICAL INFORMATION

CAMP: \_\_\_\_\_ Dates: \_\_\_\_\_

CAMPER'S NAME: \_\_\_\_\_ BIRTH DATE: \_\_\_\_\_

PARENT/GUARDIAN NAME(S): \_\_\_\_\_

Home Ph#: ( ) \_\_\_\_\_ Work Ph#: ( ) \_\_\_\_\_ Cell#: ( ) \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

EMERGENCY CONTACT: \_\_\_\_\_

Home Ph#: ( ) \_\_\_\_\_ Work Ph#: ( ) \_\_\_\_\_ Cell#: ( ) \_\_\_\_\_

## Health Information Statement

*Check below any health conditions that relate to camper. In space below, please provide information relating to condition checked. In case of emergency, this health information may be the only source of accurate medical information. This information is confidential.*

- |   |   |
|---|---|
| <input type="checkbox"/> Mental or emotional health issue<br>(epilepsy, emotional stress, convulsion, etc.) | <input type="checkbox"/> Seizure disorder   |
| <input type="checkbox"/> Lung Disease (asthma, persistent cough, TB)  | <input type="checkbox"/> Disease of Heart or Blood Vessels, Abnormal Blood Pressure   |
| <input type="checkbox"/> Chest pains or shortness of breath<br>(heart murmur, rheumatic fever)              | <input type="checkbox"/> Stomach or Intestinal Trouble (ulcers, gall bladder or liver<br>disorder, jaundice, hernia, colitis) |
| <input type="checkbox"/> Arthritis, Diabetes, Kidney, or Bladder Disease                                    | <input type="checkbox"/> Hay Fever or Allergies   |
| <input type="checkbox"/> Impaired vision or hearing, Chronic ear infections                                 | <input type="checkbox"/> Recent surgeries, accidents or injuries  |
| <input type="checkbox"/> Any current skin disease   | <input type="checkbox"/> Food allergies   |
| <input type="checkbox"/> Health related issues not listed   | <input type="checkbox"/> Significant Orthopedic and/or Neuromuscular impairment   |

Explanation: \_\_\_\_\_

**Please Note:** All medications that accompany the camper to camp must be given to the Athletic Trainer. The Trainer will dispense the medication in accordance with the directions provided by the camper. All authorized over-the-counter and prescription medication should be listed below.

Allergies to what medicines? \_\_\_\_\_

Current Prescription/Non-prescriptions medicines (list names, doses, times) \_\_\_\_\_

Special instructions for handling of medicines \_\_\_\_\_

Family Doctor \_\_\_\_\_ Phone # ( ) \_\_\_\_\_

Health Insurance Provider \_\_\_\_\_ Policy # \_\_\_\_\_

As parent/guardian, I understand that if a serious illness/injury develops, medical or hospital care will be given. I further understand that in case of serious illness/injury, I will be notified. However, if the Camp is unable to contact me, I give my permission for emergency treatment, x-ray or surgery, as recommended by an attending physician.

I also understand that if my child becomes ill or injured, my health insurance will be the primary coverage for any expenses incurred. The University of South Alabama carries accident insurance that is secondary coverage in the event of an injury.

Signature: \_\_\_\_\_

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

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# Parent/Athlete Concussion Information Sheet

A concussion is a type of traumatic brain injury that changes the way the brain normally works. A concussion is caused by bump, blow, or jolt to the head or body that causes the head and brain to move rapidly back and forth. Even a “ding,” “getting your bell rung,” or what seems to be a mild bump or blow to the head can be serious.

## WHAT ARE THE SIGNS AND SYMPTOMS OF CONCUSSION?

Signs and symptoms of concussion can show up right after the injury or may not appear or be noticed until days or weeks after the injury.

If an athlete reports **one or more** symptoms of concussion listed below after a bump, blow, or jolt to

### Did You Know?

- Most concussions occur *without* loss of consciousness.
- Athletes who have, at any point in their lives, had a concussion have an increased risk for another concussion.
- Young children and teens are more likely to get a concussion and take longer to recover than adults.

the head or body, s/he should be kept out of play the day of the injury and until a health care professional, experienced in evaluating for concussion, says s/he is symptom-free and it’s OK to return to play.

SIGNS OBSERVED BY COACHING STAFF	SYMPTOMS REPORTED BY ATHLETES
Appears dazed or stunned	Headache or “pressure” in head
Is confused about assignment or position	Nausea or vomiting
Forgets an instruction	Balance problems or dizziness
Is unsure of game, score, or opponent	Double or blurry vision
Moves clumsily	Sensitivity to light
Answers questions slowly	Sensitivity to noise
Loses consciousness ( <i>even briefly</i> )	Feeling sluggish, hazy, foggy, or groggy
Shows mood, behavior, or personality changes	Concentration or memory problems
Can’t recall events <i>prior</i> to hit or fall	Confusion
Can’t recall events <i>after</i> hit or fall	Just not “feeling right” or “feeling down”

## CONCUSSION DANGER SIGNS

In rare cases, a dangerous blood clot may form on the brain in a person with a concussion and crowd the brain against the skull. An athlete should receive immediate medical attention if after a bump, blow, or jolt to the head or body s/he exhibits any of the following danger signs:

- One pupil larger than the other
- Is drowsy or cannot be awakened
- A headache that not only does not diminish, but gets worse
- Weakness, numbness, or decreased coordination
- Repeated vomiting or nausea
- Slurred speech
- Convulsions or seizures
- Cannot recognize people or places
- Becomes increasingly confused, restless, or agitated
- Has unusual behavior
- Loses consciousness (*even a brief loss of consciousness should be taken seriously*)

## WHY SHOULD AN ATHLETE REPORT THEIR SYMPTOMS?

If an athlete has a concussion, his/her brain needs time to heal. While an athlete's brain is still healing, s/he is much more likely to have another concussion. Repeat concussions can increase the time it takes to recover. In rare cases, repeat concussions in young athletes can result in brain swelling or permanent damage to their brain. *They can even be fatal.*

### *Remember*

Concussions affect people differently. While most athletes with a concussion recover quickly and fully, some will have symptoms that last for days, or even weeks. A more serious concussion can last for months or longer.

## WHAT SHOULD YOU DO IF YOU THINK YOUR ATHLETE HAS A CONCUSSION?

If you suspect that an athlete has a concussion, remove the athlete from play and seek medical attention. Do not try to judge the severity of the injury yourself. Keep the athlete out of play the day of the injury and until a health care professional, experienced in evaluating for concussion, says s/he is symptom-free and it's OK to return to play.

Rest is key to helping an athlete recover from a concussion. Exercising or activities that involve a lot of concentration, such as studying, working on the computer, or playing video games, may cause concussion symptoms to reappear or get worse. After a concussion, returning to sports and school is a gradual process that should be carefully managed and monitored by a health care professional.

It's better to miss one game than the whole season. For more information on concussions, visit: [www.cdc.gov/Concussion](http://www.cdc.gov/Concussion).

\_\_\_\_\_  
Student-Athlete Name Printed

\_\_\_\_\_  
Student-Athlete Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Legal Guardian Printed

\_\_\_\_\_  
Parent or Legal Guardian Signature

\_\_\_\_\_  
Date