Alabama Baseball Coaches Association

5th Annual Winter Baseball Player 9th - 12th Grade Clinic / Showcase
Saturday, December 12, 2015 - West Homewood Park - Homewood, AL.

(* Copy and distribute this as needed, along with the Voluntary Waiver)

College Coaches & Pro Scouts who have committed to working the clinic – (as of 11/07/15)

Alabama, Alabama A & M, UAB, UA, Auburn, UAH, Alabama State, Birmingham Southern, Faulkner University, Huntingdon College, Jacksonville State, Miles College, Montevallo, Samford, Univ. of South AL., Stillman, Troy Univ., UWA, Alabama Southern C.C., Calhoun St. C.C., Central Alabama C.C., Chattahoochee Valley CC, Faulkner State C.C., Lawson St. C.C., Lurleen B. Wallace C.C., Marion Military, Shelton St. C.C., Snead St. C.C., Southern Union C.C., Wallace-Hanceville, Wallace-Selma, Arizona Diamondbacks, Minnesota Twins, & Boston Red Sox

Where: West Homewood Park, 121 West Oxmoor Road, Homewood, Alabama 35209. * If the weather is rain probable or bitterly cold (high below 40) please check our website’s Upcoming Events Section on the Home Page to see if we’ll have the clinic indoors. Check this as late as 7:00 p.m. the night before the clinic.

When: Saturday, December 12, 2015, Clinic runs from 9:00 a.m. – 2:00 p.m., Showcase hitting begins at 1 p.m., players may leave after they hit. On-Site Registration/Pre-Registration Check-in, 7:30 – 8:30 a.m.

Cost: $75 - If pre-reg on-line by Dec. 9 or application and check postmarked by Dec. 2 & if your head coach is a 2015 AlaBCA member. $90 for pre-reg, if your head coach is not a 2015 member. See our web-site, www.alabca.org, click on current head coaches list in the Upcoming Events Section on the home page to see if he’s a member. Make your check out to & send your application and check to: AlaBCA, P.O. Box 3881, Montgomery, AL. 36109. If you don’t pre-reg, you may register on-site with cash, check or credit card’s - Visa, MC or Discover (no checks please). On-site fee is $90 for players who’s coaches are 2015 AlaBCA members, $100 who’s coaches are not. There will not be a lunch break. Once the players hit from 1:00 p.m. on they may leave. There will be a $10 handling fee incurred for refunds. Credit card and on-line registration fees are non-refundable as well.

* To register on line: Go to www.alabca.org, find December Players Clinic link under the Events link up top of the home page.

Who’s eligible: Current 9th - 12th Grader’s may attend: Public School, Private School or Home Schooled.

What to Bring: Bring your own gear: Bats, Gloves, Cleats, etc. We’ll provide baseballs, helmets, and some bats. Please mark your personal gear with a permanent sharpie marker. Bring turf shoes for indoor work.

Clinic Itinerary: Players will go through stations of hitting, position play, base running, etc. They will also take a round of Inf/Of & Hit in front of all of the College Coaches & Pro Scouts. College coaches from each level (D I, II, III, NAIA & Community College) will tell the players what their level entails athletically and academically.

Questions: Contact Barry Dean at (334)676-0434, or email him at barrydean@alabca.org

Hotel Close By: Comfort Inn, $69.00 (+ tax), Ask for AlaBCA Rate, (205)916-0464, 226 Summit Pkwy, B’ham.

Proceeds from this clinic will go towards supporting the AlaBCA programs that serve the players and coaches in the state of Alabama throughout the year. Programs such as, but not limited to, their high school scholarship program, their free youth league volunteer coaches clinics held throughout the state and their minority coaches & player outreach efforts. These endeavors and the many other they organize and run throughout the year may be viewed at www.alabca.org. The AlaBCA is recognized by the IRS as a 501 (c) (3) non-profit organization.

Player Application: Please Print Clearly. Please duplicate as needed and pass out to other players/teammates. Do Not Detach

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<th>First Name</th>
<th>Last Name</th>
<th>School / Grad. Year</th>
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<th>Ht. / Wt.</th>
<th>Bat / Throw</th>
<th>Position (Primary/Secondary if he plays another position)</th>
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<th>Player Cell Ph# (Area Code + #)</th>
<th>Parent’s Name and Cell Ph # (Area Code + #)</th>
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Player Email Address

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<th>Parent Email Address</th>
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* The Participant’s Parent or Guardian must sign a Release Waiver before their son participate’s in the clinic if the player is under 19 years old. This Completed Form and Clinic/Showcase Fee and Release Waiver should be sent in together, or brought to the clinic together on the day of the clinic if registering then. A Clinic/Showcase Release Waiver may be found on our web-site, www.alabca.org, in the middle of the home page up top, on the Dec. 12 Clinic/Showcase link.
PLEASE READ THIS “RELEASE” CAREFULLY BEFORE SIGNING. THIS IS A LEGALLY BINDING DOCUMENT. IT MUST BE FULLY SIGNED AND SUBMITTED BEFORE YOU ARE ALLOWED TO PARTICIPATE.

I, the undersigned, wish for my child to participate in the Alabama Baseball Coaches Association (A\&BCA) Winter Baseball Clinic (WBC) at West Homewood Park (or Total Baseball Indoor Facility should inclement weather arise), located in Homewood, Alabama. In consideration for my Child’s participation, I hereby agree as follows:

I am aware that the A\&BCA WBC involves competition and sometimes physical contact with and against other participants and that there are inherent dangers and risk of injury involved with such activities. The dangers, hazards and risks may arise from my Child’s own actions, inactions, or negligence as well as from the actions, inactions or negligence of others, or the condition of the premises. I also acknowledge and understand that there may be other dangers, hazards or risks not presently known or reasonably foreseeable. Participation in the A\&BCA WBC includes travel to and from the Clinic. Therefore, I, for myself and on behalf of my Child, voluntarily accept and assume all risk of injury, loss of life or damage to property arising out of training, preparing, participating and traveling to or from the Clinic.

I acknowledge that specialized experience and skills may be necessary to participate in the A\&BCA WBC and I confirm that my Child possess such experience and skills. I understand that physical exercise is required for the A\&BCA WBC. I acknowledge that my Child is currently not suffering from, nor has he/she previously suffered from, any physical and/or mental disability which would preclude him/her from participation in the A\&BCA WBC, that would endanger him/her or others or would interfere with his/her ability to safely participate. I acknowledge and agree that it is the responsibility of me and my Child to determine whether my Child is sufficiently fit and healthy to safely participate in the A\&BCA WBC, and I attest and certify that he/she is sufficiently fit and physically trained.

I hereby release the A&BCA, its Board of Directors and Committee Members & General Members, (hereafter “A&BCA”), Total Baseball Facility and any staff of West Homewood Park, and the entity known as the A&BCA Winter Baseball Clinic (WBC) and all of its clinic coaches, employees, volunteers and agents (hereafter “Clinic Operation”) from any and all liability as to any right of action that may accrue to me, or my Child’s, heirs or representatives, for any injury or loss that I or my Child may suffer while training, preparing, participating and/or traveling to or from the A&BCA WBC. This agreement is binding on the heirs and assigns of me and my Child. To the extent that my Child engages in activities that are not a part of the A&BCA WBC and from which he/she may sustain injury or damages, or cause others to be injured or sustain other damage, I understand that the A&BCA and Clinic Operation will not be held responsible.

I furthermore release, indemnify and hold harmless the A&BCA and Clinic Operation from and against any and all liability, actions, debts, claims and demands of every kind whatsoever, specifically including, but not limited to, any claim for negligence or negligent acts or omissions and any present or future claim, loss or liability for injury to person or property that I or my Child may suffer, for which I or my Child may be liable to any other person, that may or does arise out of my Child’s participation in the A&BCA WBC.

In the event of an accident or serious illness, I hereby authorize representatives of the A&BCA to obtain medical treatment for my Child. I hereby hold harmless and agree to indemnify the A&BCA and Clinic Operation from any claims, causes of action, damages and/or liabilities, arising out of or resulting from said medical treatment. I further agree to accept full responsibility for any and all expenses, including medical expenses that may derive from any injuries that may occur to my Child during his/her participation in the A&BCA WBC.

This RELEASE shall be governed by and construed under the laws of Alabama. I agree that any claim, action or proceeding relating to this RELEASE, or arising out of any injury, death, damage or loss as a result of my participation, or my child’s participation, in any part of the A&BCA WBC, shall be subject to binding arbitration according to the American arbitration Association rules for Consumer Arbitration.

This RELEASE contains the entire agreement between the parties to this agreement and the terms of this RELEASE are contractual and not a mere recital. The information I have provided is disclosed accurately and truthfully. I have been given ample to read this document and I understand and agree to all of its terms and conditions. I understand that I am giving up substantial rights (including my right to sue), and acknowledge that I am signing this document freely and voluntarily, and intend by my signature to provide a complete and unconditional release of all liability to the greatest extent allowed by law. My signature on this document is intended to bind myself and my Child and the successors, heirs, representatives, administrators, and assigns of myself and my Child.

SIGNATURE IS REQUIRED:

Participant’s Printed Name __________________________________________ Date ________________

Participant’s Signature __________________________________________

Parent/Legal Guardian’s Printed Name __________________________________________

Parent/Legal Guardian’s Signature __________________________________________ Date ________________

A PARENT OR GUARDIAN MUST SIGN THIS FORM FOR A MINOR UNDER THE AGE OF 19