

COACHING STAFF



CHUCK SEYMOUR
Head Coach
Camden County High



TODD BENTLE
Assistant Coach
Camden County High



WADE ENGLISH
Assistant Coach
Camden County High



MICHAEL BAKER
Assistant Coach
Camden County High



CARLTON SMITH
Assistant Coach
Camden County High



BRIAN ENGLISH
Assistant Coach
Armstrong State University

PLAYER STAFF

MILAN ELLERSON – CHARLESTON SOUTHERN UNIVERSITY
IAN SMITH – SOUTH GEORGIA COLLEGE
BROOKS BRYAN, TIM PARKER, AND OTHER CCHS PLAYERS



2017 CAMDEN BASEBALL CAMPS

DATES May 30-June 1, 2017

LOCATION Camden County Wildcat Baseball Field,
Located beside Chris Gilman Stadium and Camden County
Recreation Center

PRICES \$55 per player for mail-in registrations, \$60 for
camp day walk-ups. Make checks payable to CCHS Athletics

AGES 5-14

CAMP DESCRIPTION/OBJECTIVE Each player will
receive positional skill development from High School and
Collegiate Coaches. Campers will develop fundamentals in
all areas of the game through drill work, skill competitions,
and live play.

CAMPERS WILL RECEIVE

- T-shirt
- Individualized Positional Skill Instruction
- Batting Instruction
- Pitching Instruction
- Live Games

GEAR NEEDED

- Glove, Bat, (Batting Helmets provided if needed)
- Cleats, Tennis Shoes, Misc. Items: Batting Gloves,
Sunscreen, Money for concessions

CAMP ITINERARY

- 8:30- Check-In and Shirt Pick Up
- 9:00- Coaches Introductions and Welcome
- 9:15- Group Stretch/Throw
- 9:30-11:00- Skill Instruction
- 11:15-12:15- Live Play
- 12:20-12:30- Camp Review
- 12:30- Player Pick Up



PLAYER INFORMATION

PLAYER NAME: _____

ADDRESS: _____

EMAIL ADDRESS: _____

PHONE#: _____

EMERGENCY CONTACT: _____

SCHOOL: _____

GRADUATION YEAR: _____

PRIMARY POSITION: _____

SECONDARY POSITIONS: _____

SHIRT SIZE: YS YM YL AS AM AL AXL
(PLEASE CIRCLE ON MAIL IN REGISTRATIONS)

ADDITIONAL INFORMATION: _____

CONTACT INFORMATION For additional camp infor-
mation or questions please email Head Coach Chuck
Seymour CSEYMOUR@CAMDEN.K12.GA.US
Also follow us online for future information at
WWW.CAMDENBASEBALL.COM
Or like and follow us on Facebook and Twitter



@BASEBALL_CAMDEN



CCHS WILDCAT BASEBALL

MAIL IN CAMP REGISTRATION

Camden County High School Athletics
Attn: Chuck Seymour
6300 Laurel Island Pkwy
Kingsland, GA 31548



RELEASE, HOLD HARMLESS, COVENANT NOT TO SUE, ASSUMPTION OF RISK AND INDEMNIFICATION

I, _____, of _____
(Parent/Guardian Name) (Camden Baseball Camp/Camden County High School
(Camp Name)

In consideration of my Child's participation in the Baseball Camps at Armstrong State University, do hereby agree as follows:

Child's Name: _____ Camp Sessions: May 30-June 1, 2017

Please read carefully. This is a release and waiver of important legal rights. Although reasonable precautions are taken to provide proper organization, instruction, and equipment for your Child's participation in the Camps at Camden Baseball Camp there can be no guarantee of absolute safety against injury and accident. There are elements of risk in any sport or program involving physical exertion and risk taking (individually, an "Activity" and collectively, the "Activities") and the use of any equipment in connection with the Activities. I, on behalf of myself and my Child, understand that my Child may be involved in Activities, including but not limited to, arts and crafts, baseball, basketball, soccer, swimming, team-building initiatives, tennis, games and/or other physical undertakings. I acknowledge that participation by my Child in any Activities is voluntary and that my Child may decline to participate in any Activities.

ACKNOWLEDGMENT OF RISKS: I recognize that there is inherent danger in any Activities that involve physical exertion or risk taking; that although the program may not be strenuous, injuries or medical complications may occur; that certain foreseeable and unforeseeable events unique to each Activity can contribute to the unpredictability of the Activity; and that balance, physical coordination, and conditioning may affect the occurrence of accidents, falls, and injuries.

EXPRESS ASSUMPTION OF RISK AND RESPONSIBILITY: In recognition of the inherent risks of the Activities in which my Child will be engaged, both seen and unforeseen, I confirm that my Child is capable of participating in the Activities and/or using equipment in connection therewith. I assume full responsibility for personal injury, accidents or illnesses, including death to my Child, except to the extent caused by the negligence of Armstrong State University or anyone for whom it is legally responsible. I also assume responsibility for loss of or damage to my Child's personal property. On behalf of myself and my Child, I assume the risk(s) of personal injury, accidents, and/or illnesses of all kinds and nature, including, but not limited to, cuts, wounds, scrapes, abrasions, and/or contusions, sprains, and/or death.

AUTHORIZATION: I hereby authorize any medical treatment deemed necessary in the event of any injury to my Child while participating in the Activities. I have appropriate insurance or, in its absence, I agree to pay all costs of medical services and medical transport as may be incurred on behalf of my Child.

RELEASE, HOLD HARMLESS AND COVENANT NOT TO SUE: In consideration of my Child's participation in the Activities, I do hereby for myself, my Child and our respective administrators, executors, heirs, spouse, dependents, successors and assigns, knowingly and intentionally release, forever discharge and covenant not to sue Camden County High School and its trustees, officers, agents, employees and volunteers from and against any claims, demands, expenses, actions and causes of action of every name, type and nature. I or we now have or may ever have arising out of my Child's participation in the Activities on the above dates and on any subsequent dates during which he or she participates in the Activities.

AUTHORIZATION: I hereby authorize and give the Camps at Camden County High School permission to take, use, publish and reproduce photographs, videos, and other images of my Child for the Summer Camps at Camden County High School records, website, brochures, group photos, or other media.

ACKNOWLEDGEMENT: In signing this Agreement, I acknowledge and represent that I have fully reviewed it and understand what it means, and that I sign this document as my free act and deed. No oral representations, statements, or inducements, apart from the foregoing written statement, have been made. I further agree that this Agreement shall be construed in accordance with the laws of the state of Georgia. If any of its terms or provisions shall be held illegal, unenforceable, or in conflict with any law, the validity of the remaining portions shall not be affected thereby to the fullest extent permitted by law. I further state that I agree that I, my child and our respective estates, heirs, administrators, personal representatives, and assigns shall be bound by the same.

Parent/guardian signature _____

Parent/guardian printed name _____ Date _____