

# YOUNGSTOWN STATE

## Youngstown State Baseball Summer Kids Camp

**Dates:** Wednesday, June 21 – Friday, June 23  
9 a.m. – Noon each day

**Ages:** 8-13 year old boys and girls

**Location:** Watson and Tressel Training Site (YSU campus)

**The Youngstown State baseball staff is offering instruction to the youth baseball community!**

*There will be in-depth instruction individualized to each age group for a special three-day camp.*

**Price:** \$100 for three days and nine hours total. Includes a t-shirt. Food will not be provided.

**Questions:** Contact assistant coach Ryan Krokos at [krokosryan@gmail.com](mailto:krokosryan@gmail.com)

**Online Registration:** [PenguinsBaseballCamps.com](http://PenguinsBaseballCamps.com)



Former YSU third baseman Drew Dosch was drafted in the 7th round of the 2013 MLB Draft by the Orioles.

*All YSU camps are open to any and all entrants.*

### Registration Form (Online registration at [penguinscamps.com](http://penguinscamps.com))

Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Position: \_\_\_\_\_  
Home Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_  
Adult T-Shirt Size:    S   M   L   XL      Youth T-Shirt Size:    S   M   L   XL

*Make checks payable to YSU Baseball Camp. Mail payment, registration form and waiver/release form to:*

*YSU Baseball | One University Plaza | Youngstown, OH 44555*



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### Parent Waiver and Release Form

*Please Print*

Camper's Name: \_\_\_\_\_

Parent's Medical Insurance Carrier: \_\_\_\_\_

Insurance Group #: \_\_\_\_\_

Insurance Policy #: \_\_\_\_\_

I am aware of the risks, hazards and inherent dangers that may arise due to my child's participation in the Youngstown State University Youth Camp held at Youngstown State University (collectively referred to as "UNIVERSITY"):

In consideration for \_\_\_\_\_ being allowed to participate in said activity, it is agreed that all risks attendant to watching and/or participating in camp activities, including, but not limited to bodily injury, are assumed by the camper and his/her parents and/or legal guardian as indicated by the signature hereto. I hereby certify that the above named camper is physically able to participate in the camp and that I know of no physical impairments which would in any manner limit his/her participation in the program.

I, for myself, and on behalf of my child, hereby release, waive and discharge UNIVERSITY, its instructors, agents and employees from every claim, liability or demand of any kind sustained, whether caused by the negligence of the UNIVERSITY or otherwise. This release shall be binding upon any heirs, administrators, executors and assigns of mine. I further agree to indemnify the UNIVERSITY from any loss, liability, damage or cost it may incur due to my participation in said activity in any way whether caused by the UNIVERSITY or otherwise. I also certify that I am the legal parent or guardian of the above named camper and have full right to provide the release.

In the event of illness or injury resulting or arising directly or indirectly out of said activity, I hereby give my consent and authorization for (1) the administration of emergency first aid care and treatment at the scene of an emergency by faculty, staff members or volunteers of UNIVERSITY or (2) the administration of any treatment deemed necessary by a licensed physician or dentist and (3) the transfer to any hospital reasonably accessible.

Signature of Parent/Guardian: \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_

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