



# Washington Baseball School



## -Husky Hitting Academy Classes-

This is a tremendous opportunity to work with the University of Washington hitting instructor Jordon Twohig, and current Husky players at Husky Ball Park. The goal of this hitting school is to educate each athlete on the fundamental techniques of hitting through consistent instruction & repetition. Skills such as proper stance, balance, loading, striding, bat path, and swing finish will be covered over the 6 week class. The sessions are broken down by age & run for an hour. Each session will have a max number of 12 players. The ratio of coach to players will be 3-1. Take advantage of this chance to train like a Husky hitter as these spots fill up VERY FAST!

**Cost: \$ 300.00 per player, (6 weeks of training) / Sibling's Discount - \$250 per sibling**

<b>Monday Nights</b>	<b>(January 9, 16, 23, 30 / February 6, 13)</b>		
Class # 1	6:00pm – 7:00pm	Grades: 7 <sup>th</sup> – 8 <sup>th</sup>	(12 players max)
Class # 2	7:00pm – 8:00pm	High School Players	(12 – player max)

<b>Tuesday Nights</b>	<b>(January 10, 17, 24, 31 / February 7, 14)</b>		
Class # 1	6:00pm – 7:00pm	Grades: 3 <sup>rd</sup> – 4 <sup>th</sup>	(12 – player max)
Class # 2	7:00pm – 8:00pm	Grades: 5 <sup>th</sup> – 6 <sup>th</sup>	(12 – player max)

Cost: \$300.00 per player

*Please make payment out to: “**Jordon Twohig**”*

*Please cut on line, and mail in with payment to:*

**University of Washington, Department of Athletics**

Attn: Assistant Baseball Coach Jordon Twohig

Graves Annex

Box 354080

Seattle, WA 98195-4080

Class # \_\_\_\_\_ NAME \_\_\_\_\_ AGE \_\_\_\_\_ TEL# \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PARENTS E-MAIL: \_\_\_\_\_ PARENTS CELL: \_\_\_\_\_

POSITION: \_\_\_\_\_ / \_\_\_\_\_ SCHOOL: \_\_\_\_\_ GRADE: \_\_\_\_\_

PLAYERS CELL \_\_\_\_\_ PLAYERS E-MAIL \_\_\_\_\_

**THANK YOU.**

**WASHINGTON BASEBALL SCHOOL**  
**CAMP WAIVER/TERMS & CONDITIONS**

I, the parent or legal guardian of \_\_\_\_\_ (the "Player"), give permission for the Player to receive emergency medical or surgical treatment and hospitalization if necessary. I hereby authorize the directors, coaches, staff and associates of Washington Baseball School to act on my behalf according to their best judgment in any emergency requiring medical or surgical treatment and hospitalization if necessary. I certify that the Player is physically able to participate in the Washington Baseball School and that I know of no restrictions, physical impairments, or any other facts, which in any manner limit his/her participation in such a program. I also understand that Washington Baseball School will administer no physical examinations and that Washington Baseball School will rely solely upon the information shown on this form. I hereby waive and release Washington Baseball School and its Coaches, Staff, Camp Management, Directors, Sponsors and Representatives from any liability for any injury or illness incurred while at camp.

**I UNDERSTAND THAT THERE IS RISK OF INJURY TO THE PLAYER AS A RESULT OF CAMP ACTIVITIES, AND KNOWINGLY AND VOLUNTARILY ASSUME ALL RISK OF SUCH INJURY. CAMP ACTIVITIES INCLUDE ANY TRAVEL, MEAL, LODGING, OR ASSOCIATION WITH THE CAMP.**

I will be financially responsible for any medical attention needed during the camp or resulting from an injury received at camp. My medical insurance shall be the insurance coverage for any medical treatment. I further understand Washington Baseball School retains the right to use, for publicity and advertising, photographs of campers taken at camp.

**LIMITATION OF LIABILITY.** I agree that the total cumulative liability of Washington Baseball School, its affiliates and respective directors, officers, employees, and agents with respect to services performed or to be performed by Washington Baseball School, whether for breach of contract, contribution, tort or other theory of liability, shall not exceed 100% of the compensation received by Washington Baseball School, from me pertaining to Player. The parties agree and acknowledge this Section of the Agreement is a material part of the consideration for the Agreement.

**PLAYER'S RELEASE OF LIABILITY.** I agree to hereby release, forever discharge Washington Baseball School, from any and all claims, debts, costs, obligations, promises, acts, agreements, actions and causes of action, demands, damages, counterclaims, set-off, or liabilities (including attorneys' fees and costs), whether past, present, or future, arising from or related to any acts, actions, failures to act, or to any of the matters relating to an injury or other liability resulting from my or Player's disregard or failure to follow Washington Baseball School rules and etiquette.

**PLAYER'S INDEMNIFICATION OF INSTRUCTOR.** I agree to indemnify and hold Washington Baseball School its affiliates and respective directors, officers, employees, and agents harmless from any action arising out of my or the Player's failure to follow Washington Baseball School rules and etiquette, including all judgments, attorneys' fees and costs, incurred by Washington Baseball School.

**CAMPER RESPONSIBILITIES:** Washington Baseball School is interested in making the Player's camp experience safe, happy and rewarding. For this reason we hold high expectations for Player behavior. Players must agree to comply with the rules and standards of Washington Baseball School, and to be a positive influence in the camping program. Players and their parents/guardians must understand that dismissal from camp could happen without tuition refund, if behavior or attitude is unacceptable as determined by the Camp Director.

We agree to comply with these financial terms and abide by the rules of Washington Baseball School.

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Player Signature**

\_\_\_\_\_  
**Emergency Contact Name**

\_\_\_\_\_  
**Emergency Contact Phone Number**