



SOUTHEASTERN ILLINOIS COLLEGE
 FALCON BASEBALL
 3575 College Road
 Harrisburg, IL 62946
 618-252-5400 Ext. 2424
 JEREMY.IRLBECK@SIC.EDU



2019 High School Fall Showcase (September 28, 2019 at SIC Baseball Field)

Every year players have been signed from Showcase for next year's team!

Pro Style Workout that will consist of throws from Position, 60 times, Pop Times, Bullpens, Batting Practice. Evaluations will be emailed/mailed after the camp to participants.

**Warm up starts at 11 AM (Check in begins at 10 AM).
 Indoor arrangements will be made if poor weather.
 You must have a release to participate in camp.**

Register at

<https://www.sic.edu/student-activities/athletics/recruitment-form-baseball-and-softball>

*In the "comments" sections, note that you will be **attending the showcase and indicate shirt size.**
 Please fill out and return the waiver form (need form to participate)*

RELEASE AND WAIVER OF LIABILITY AND INDEMNIFICATION AGREEMENT

Purpose: To release Southeastern Illinois College from any and all liability for the claim(s) of a participating camper and/or the claim(s) of such camper's parents or legal guardian that might arise as a result of the camper's participation in the Fall Showcase and its programs and activities.

I/We recognize the possibility and risk of injury associated with my/our child's participation in the Fall Showcase. In consideration of Southeastern Illinois College's accepting my/our child as a registrant for and participant in the camp, as the parent/legal guardian of _____ date of birth: _____, I/we hereby release, discharge and/or otherwise indemnify Southeastern Illinois College/SIC Foundation and agree not to seek or to hold Southeastern Illinois College responsible, its agents, employees, and the above-named sponsor from any claim(s) by or on behalf of the camper or myself/ourselves for injuries of any kind, including but not limited to those caused or allegedly caused by the negligence of Southeastern Illinois College, its agents, or its employees, as a result of or in connection with the camper's participation in the summer camp and its programs and activities.

Signature of Parent/Guardian: _____ Date: _____

Cost is \$50 (includes Baseball Shirt)

** Make checks payable to: SIC Baseball

Any questions call: Jeremy Irlbeck (618) 252-5400 x 2424 or email: jeremy.irlbeck@sic.edu
 Checks may be sent in advance to SIC Baseball 3575 College Rd. Harrisburg, IL 62946 or paid day of camp.