

Medical Waiver Release And Medical Authorization

The release and the medical authorization must be signed by a parent or guardian in order for students to participate in the camp activities.

Release of Liability

In consideration of the Butler Community College Baseball Camp granting the permission to participate in the Butler Community College Baseball Camp, I hereby assume all risks of his/her personal injury that may result from Butler Community College Baseball Camp Activity. As parent/guardian, I do hereby release the Kansas Board of Regents, Butler Community College, Butler Community College Baseball Camp and their officers, employees, and agents and all instructors and all participants in said Butler Community College Baseball Camp program from all liability, including claims and suits at law or inequity, for injury which may result from the student taking part in Butler Community College Baseball Camp activities.

Parent/Guardian Signature

Date

Health Statement/Medical Authorization

I do hereby affirm that the applicant is in good health and suffers from no illness, disability or condition is disclosed that requires the taking of medication on a regular basis unless that condition is disclosed and approved. Furthermore, I have no knowledge of any reason that the applicant cannot participate in vigorous activity. I hereby authorize and give my consent to the health authorities of Butler Community College Baseball Camp or any licensed physician or athletic trainer to perform upon or administer, without prior consent, any reasonable, necessary medical treatment to:

Camper's Name

Date of Signature

I agree to assume all costs related to such treatment. I understand that I will be responsible for any medical or other charges in connection with student's attendance at this camp.

Signature of Witness

Date

Signature of Parent(s) or Legal Guardian

Insurance Company

Policy Number



Butler Baseball CHAMPIONSHIPS

NJCAA WORLD SERIES

7th Place 2006

3RD Place 1994

REGION VI CHAMPIONSHIPS

1988, 1989, 1991, 1992, 1994, 2006

**JAYHAWK WESTERN DIVISION
CHAMPIONS**

1986, 1988, 1990, 1991, 1992, 1997, 2005, 2007



Butler Baseball Showcase



**2006 Region VI Champs
JUCO WORLD SERIES PARTICIPANT**

Butler Community College

901 S. Haverhill Rd.

El Dorado, KS 67042

Senior Showcase

McDonald Stadium

El Dorado

October 25, 2009

10AM – 4PM

Coaches That Will Be Evaluating

Steve Johnson
Head Coach
Butler Community College

B.J. McVay
Asst. Coach
Butler Community College

Ty Reese
Asst. Coach
Butler Community College

Mike Warren
Head Coach
Barton County Community College

Greg Brummet
Head Coach
Cloud County Community College

Schools Invited

4 Year Colleges and Universities: Wichita State, Kansas, Kansas State, Emporia State, Fort Hays State, Pittsburg State, Washburn, Kansas-Newman, Friends, Missouri State, Missouri Southern, Rockhurst
Junior Colleges: Barton, Cloud County, Hutchinson, Pratt, Dodge City, Garden City, Colby, Seward, Coffeyville, Allen, Independence, Neosho, Fort Scott, Kansas City Kansas, Johnson County, Highland, Cowley County, Labette, Maplewoods, Longview
(More schools will be invited as well)

Showcase Session

2010 Graduates
Sunday, October 26

Showcase Schedule

10:00 – Registration
10:30 – Stretch and Throw
11:00 – 60 Yard times
11:30 – Skills Evaluation (outfield, infield, hitting)
2:30 – Pitcher and Catcher’s Evaluation

Mission of Showcase

This showcase is a great opportunity for seniors to promote their abilities and skills to college coaches and professional scouts.
(All evaluations will be sent to all regional Junior Colleges and 4 year schools upon request)

Location

The Showcase will be held at McDonald’s Stadium
2nd & Griffith St.

Enrollment

Please pre-enroll by calling the Baseball Office at
(316) 322-3206
or 733-3206 from the Wichita/metro area;
or send a camp enrollment form in advance with preferred session(s).



APPLICATION

Please complete this application
and return with \$40 check or money order to:

Head Baseball Coach Steve Johnson
Butler Community College
901 South Haverhill Road
El Dorado, KS 67042

Name: _____

Address: _____

City: _____

State: _____

Zip: _____

Phone: _____

Parent/Guardian: _____

Age: _____

School: _____

Primary Position: _____

Secondary Position: _____

