

The University of
Tennessee at Martin

2011
SKYHAWK
Baseball Camp

Application

Name _____

Age _____

Address _____

City/State/Zip _____

Telephone _____

T-Shirt Size: Youth S M L

Adult S M L XL

Please indicate the camp you will be attending:

____ Skills Camp (Ages 6-12) \$80 per person

Total Fees Enclosed: \$ _____

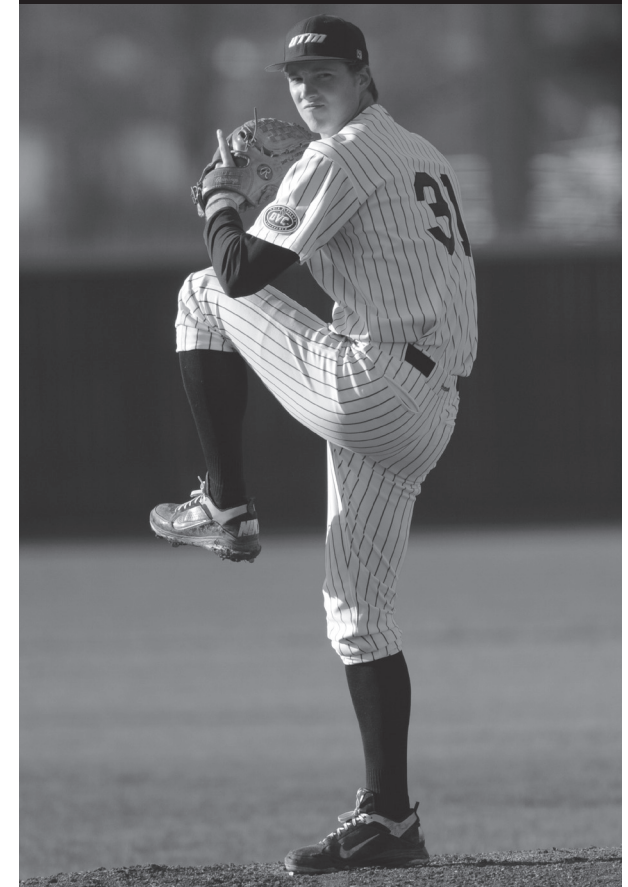
THE UNIVERSITY of
TENNESSEE **UT**
MARTIN

The University of Tennessee is an EEO/AA/Title VI/Title IX/Section 504/ADA/ADEA institution in the provision of its education and employment programs and services. All qualified applicants will receive equal consideration for employment without regard to race, color, national origin, religion, sex, pregnancy, marital status, sexual orientation, gender identity, age, physical or mental disability, or covered veteran status. E05-0231-00-010-11

The University of Tennessee at Martin
Camps and Special Programs
P.O. Box 127
Martin, Tennessee 38238

The University of
Tennessee at Martin

2011
SKYHAWK
SUMMER
BASEBALL
CAMP



May 31 - June 3, 2011

Camp Coaching Staff

BUBBA CATES—Head Coach

Coach Cates is in his 14th season at the helm of the UT Martin baseball program and in his 21st year of coaching. Widely respected in the baseball circles, Cates is dedicated to sustaining a successful program at the university for many years to come. He came to UT Martin from Jackson State Community College where he built a successful program during a nine-year period. Cates has received several coach of the year honors. He was the National Junior College Athletic Association Region VII and Eastern District Coach of the Year in 1997. Before moving to Jackson State, Cates was head baseball coach at Kirby High in Memphis. A native of Cleveland, MS, Cates played college baseball for former Boston Red Sox pitcher and legendary coach Dave "Boo" Ferris and the nationally ranked Delta State program.

BRAD GOSS—Assistant Coach

Coach Goss, of Russellville, AR, enters his 8th season working with the UT Martin baseball program, and his fourth year as a full-time assistant coach. Goss spent two seasons as a graduate assistant, earning his master's degree in education in the fall of 2006. In 2007, he continued to work with the Skyhawk baseball program as a part-time assistant. Goss spent the summer of 2006 coaching in the Alaskan Baseball League where he assisted former San Diego Padre, Phil Plantier. Coach Goss is responsible for working with the Hitters & Catchers.



Skyhawk Skills Camp

May 31 - June 3
Half-Day Camp

Age: 6 - 12 yrs. old
Time: 9 am - 12 noon
Cost: \$80



Features

- Low instructor to camper ratio
- Individualized instruction
- Emphasis on hitting, fielding, and base running
- Camp shirt



How to register:

Complete the application and medical form and return to: UT Martin Camps & Special Programs; P.O. Box 127; Martin, Tenn. 38238

For more information:

Call Brad Goss at 731-881-7337; or
Email: bgoss@utm.edu

Release and Assumption of Risk

In consideration of my child's participation in the Tennessee-Martin Baseball Camp, I hereby release and agree to indemnify and save harmless the University of Tennessee, its successors, assigns, officers, agents and employees from all claims, including liability for bodily injury of whatever kind, including loss of life or property arising out of said Baseball Camp. Furthermore, I acknowledge that there are risks inherent in my child's participation in the Baseball Camp and I fully assume all such risks, hazards and losses which are connected with such activities.

I have read this waiver and knowing that the Baseball Camp is a potentially dangerous activity and in consideration of my child's participation in this activity, I for myself and anyone entitled to act on my behalf and/or my child's behalf, hereby waive and release the University of Tennessee, its officers, employees, or agents from all claims or liabilities of any kind arising out of my child's participation in this activity.

Permission

I hereby give my permission for my child's participation in summer camp activities at the University of Tennessee at Martin. Should emergency medical treatment be needed, I authorize the coach and/or staff, if I cannot be reached by telephone or because of the emergency not allowing sufficient time to make contact, to act on my behalf to approve any reasonable medical treatment deemed necessary by a licensed physician and/or hospital.

Parent's signature: _____

Parent's name (printed): _____

Date: _____

Child's name: _____

Medical Insurance company: _____

Policy/Group number: _____

Insured's name: _____

Dependent's medications: _____

In case of emergency, notify

Name: _____

Relationship: _____

Day phone: _____

Night phone: _____

Cell No.: _____