



2011 SOUTHERN ARKANSAS UNIVERSITY
BASEBALL
FALL INSTRUCTIONAL LEAGUE

GULF SOUTH CONFERENCE CHAMPIONS:
2006, 2009, 2011

TOP 10 NATIONAL RANKING 5 SEASONS IN A ROW

11 PLAYERS SIGNED WITH MLB TEAMS PAST 3 SEASONS

DATES OF OPERATION:

October 2, 9, 16, 23

Game 1: 1:00 Game 2: 3:00

LOCATION:

Walker Stadium at Steve Goodheart Field (SAU Campus)

COST AND AMENITIES:

\$100 per player (T-Shirt included)

Make checks payable to: *Southern Arkansas University Baseball*

- The SAU Baseball Fall Instructional League will consist of 4 teams (maximum of 12 players per team) for 2012, 2013, and 2014 Graduates only
- Instruction provided by Southern Arkansas University Baseball Staff and Players
- Let us know if you want to be on the same team with another player(s) (carpool, etc.)
- There will be multiple opportunities to show your talents at various positions
- The focus of the SAU Baseball Fall Instructional League will be playing the game of baseball at a high level, playing the game the right way, and improving your skill in a team setting

DUE TO ORDERING SHIRTS AND PUTTING TOGETHER TEAMS, THE DEADLINE TO ENROLL IS
FRIDAY, SEPTEMBER, 16TH.

FOR MORE INFORMATION CONTACT:

Steve Browning (Head Baseball Coach)
870-235-4114 or dsbrowning@saumag.edu

Justin Pettigrew (Associate Head Baseball Coach)
870-235-4127 or jrpettigrew@saumag.edu



Player Information

Name _____				
Address _____				
Street Address		City	State	Zip
School _____		Position(s) _____		
Age _____	Date of Birth _____	Grad Year _____		
Parent/Guardian Name _____		Email Address _____		
Home Phone _____		Parent Work/Cell Phone _____		
T-Shirt Size (adult sizes): M L XL XXL				

Health Insurance Information

It is understood that Southern Arkansas University and the staff does not provide primary insurance coverage during baseball camp. The tuition of the camp covers secondary accident insurance only. In case of injury, the parents' or guardians insurance would be the primary insurance coverage.

Insurance Company _____ Policy or Group # _____ Date _____

I give my permission for my son to participate in the SAU Baseball Camp knowing that it will contain vigorous physical activity that could lead to injury. I hereby authorize Steve Browning, the directors of the SAU Baseball Camp, and Southern Arkansas University to act for me according to their best judgment in any emergency requiring medical attention. I know of no mental or physical problems that affect my son's ability to safely participate in this camp. I hereby waive and release Steve Browning, the SAU Baseball Camp, and Southern Arkansas University from any liability for illness or injuries.

Parent/Guardian Signature _____ Date _____

Please make checks payable to Southern Arkansas University Baseball

SEND REGISTRATION FORM AND PAYMENT TO:

**SOUTHERN ARKANSAS UNIVERSITY BASEBALL
PO Box 9338
MAGNOLIA, AR 71754**