



Brian Nelson
 Owner/Head Instructor
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NBS College Showcase Workout

Date: Saturday February 20, 2010
Time: Pitchers (10am - 1pm) / Position Players (2pm – 5pm)
Location: Badger Baseball Academy – Germantown, WI
Cost: \$100 (Pre-Registration is Required)
Available: Age 16 & UP

College Showcase workout

Led by Brian Nelson, current professional hitting coach of the Schaumburg Flyers, owner of Nelson Baseball School.

- *33 NBS athletes have signed Div I scholarships since 2007.**
- *62 NBS athletes have signed to play college baseball since 2007.**
- *21 NBS athletes have signed Professional Baseball Contracts since 2007.**

THIS IS A GREAT OPPORTUNITY TO HAVE YOUR NAME AND PLAYER INFORMATION CIRCULATED TO COLLEGES IN THE SOUTH

Registration:

Name _____ DOB: ___/___/___ Bat: R L S Throw: R L
 Address _____ Current Team: _____ Primary Pos: P C IF OF
 City _____ State _____ Zip _____
 Phone _____ Email _____
 Height _____ Weight _____ Yr in High School _____

I hereby request and grant permission to the instructors and officials of the Nelson Baseball School training program to provide care to my child in the event of injury or illness if I am not present. Such care may include, but shall not be limited to, first aid treatment, transporting to a medical facility or the summoning of emergency assistance. I the undersigned parent or appointed guardian of the above named child, do hereby agree to indemnify and hold harmless Nelson Baseball School, LLC, and instructors from all liability for the above named child's activities of any nature with said association. I acknowledge that participation in this training program and related activities involves an inherent risk of physical injury, and on behalf of the registrant, hereby assume all such risk and do hereby release and forever discharge Nelson Baseball School, LLC, and all agents thereof from any and all liability of whatever kind of nature, arising from and by reason of any and all known and unknown, foreseen and unforeseen bodily and personal injuries, damage to property, and the consequences thereof, resulting from this registrant's participation in or involvement with this clinic, including any failure of equipment or defect on or in the premises.

SIGNATURE OF PARENT/GUARDIAN if Under 18 / SIGNATURE OF ATHLETE if Over 18:

_____ Date _____