



## Winter Hitting Camp

This camp will focus on all aspects of hitting, including, but not limited to: mechanical analysis and training, work on timing of different pitches and location, training bat speed, weekly competitions, mental aspect of hitting, making adjustments, and small ball.

**Each player will leave with a Simpson Baseball Camp T-Shirt, bat speed program, and a list of "game- like" drills.**

When: Sunday January 7<sup>th</sup>, 14<sup>th</sup>, 21<sup>st</sup>, & 28th

Who: Grades 6-10

Session I: 5:00 – 6:30 PM each date

Cost: \$100 per Participant

Session II: 6:30 – 8:00 PM each date

Location: Cowles Fieldhouse at Simpson College

How to register: Sign up online at <http://www.simpsonbaseballcamps.com/>

**OR** mail in the registration form below and a check to: Simpson College Baseball, 701 N C St, Indianola, IA 50125

Make checks payable to: Simpson College Baseball

If you have any questions, contact assistant coach Tyler Willis: 319-830-1945 or [tyler.willis@simpson.edu](mailto:tyler.willis@simpson.edu)

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### Simpson Baseball Winter Hitting Camp Registration Form

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Current Grade: \_\_\_\_\_ T-Shirt Size: \_\_\_\_\_

Choose Session (circle one):      Session I (5:00 – 6:30pm)    OR    Session II (6:30 – 8:00pm)

#### Waiver

*I hereby authorize the staff of Simpson Baseball Camps to act for me according to their best judgment in any emergency requiring medical attention and I hereby waive and release the camp from any and all liability for any injuries or illness incurred while at camp. I have no knowledge of any physical impairment that would be affected by the above named camper's participation in the camp program, as outlined above.*

*I hereby give Simpson Baseball Camps permission to publish and release information about the above named minor student, including his/her photograph, to the news media. In addition, I give Simpson Baseball Camps permission to publish and copyright photographs and/or video footage of him/her and other information about him/her for any advertising and/or promotion done in any printed or electronic form. I also certify that I am the legal parent or guardian of the above named student and have full right to provide this release.*

*I understand and accept all of the separate event refund policies and/or waiver agreements above:*

Name (or Name of Parent/Guardian if Participant is a minor): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### Refund Policy

If you cancel, you will receive a full refund minus a \$20 non-refundable deposit. If we cancel camp due to low numbers, you will receive a full refund (minus the processing fee if you sign-up online)

#### Medical Conditions/Special Instructions

*Please list any medical conditions or special instructions the Event Administrators should be aware of for the participant:*

\_\_\_\_\_  
\_\_\_\_\_

#### Emergency Contact

Name: \_\_\_\_\_ Relationship to Participant: \_\_\_\_\_

Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_