



## Youth Skills Camp

**Defense/Hitting Camp-** During the defensive portion of the camp, players will be coached and put through drills to improve their overall infield/outfield fundamentals and throwing mechanics. For the hitting portion, campers will learn techniques and drills that will help create an athletic and complete hitter. With competitive drills and fast-paced activity, this is a perfect camp for youth that want to increase their skill!

**Pitching/Catcher Camp-** This camp will focus on the fundamentals of two of the most important positions in baseball. Pitchers will learn the fundamentals of pitching mechanics along with competing in drills and games. Catchers will learn fundamentals in their stance, receiving, blocking, and throwing, along with fast-paced games and drills.

When: Saturday January 20<sup>th</sup>

Who: Grades 1-6

Defense & Hitting Camp- Time: 1:00 PM – 3:30 PM

Cost: \$30 for one session, \$50 for two sessions

Pitching Camp- Time: 4:00 PM – 6:00 PM

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 Youth Skills 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 either or both): Defense/Hitting Camp (1:00pm-3:30pm) OR Pitching/Catcher Camp (4:00pm-6:00pm)  
Select Position: Pitcher or Catcher

### 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 \$15 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: \_\_\_\_\_