MPSON BASEBALL CAMPS

T SIMPSON COLLEGE | INDIANOLA, IOWA

## Summer Prospect Camp 2025

Simpson College Baseball is excited to host our 2<sup>nd</sup> annual Prospect Camp this August! This one-day camp is designed for players to train in a college practice-type environment that will sharpen all aspects of their game, while showcasing their abilities. This will be the perfect camp for ballplayers wanting to build solid fundamentals, be exposed to new-aged development methods, and train in a college setting!

For the high school camp, we will be offering an additional package in which we'll collect and share with the ballplayer their metrics. This will allow players to understand their strengths/weaknesses, enhance development goals, and allow them to share their data with college coaches to help with the recruiting process. For position players, we will collect: 60 yard dash times, throwing velocity from their position, and batted exit velocities. For pitchers, we will use FlightScope to collect pitch metrics, including: pitch velocities, spin rate, movement profiles, release points and angles, and many other data points.

When: August 11 <sup>th</sup> , 2025	n: August 11 <sup>th</sup> , 2025 Location: McBride Field at Simpson College			
Session #1- Time: 9:00 AM – 11:30 AM	Who: Grades 7 <sup>th</sup>	- 9 <sup>th</sup> Cost \$40 (verified	Cost \$40 (verified metrics not available for this camp)	
Session #2- Time: Noon – 3:00 PM	Who: Grades 10 <sup>th</sup>	– 12 <sup>th</sup> Cost: \$50 (+ \$25 f	Cost: \$50 (+ \$25 for verified metrics per position group)	
How to register: Sign up online at http:,	/www.simpsonbaseballcamps.	com/		
<u>OR</u> mail in the registra	ation form below and a check to	o: Simpson College Basebal	, 701 N C St, India	nola, IA 50125
Make checks payable	to: Simpson College Baseball			
If you have any questions, contact head	coach Nathan Roling: 563.599	.9781 or nathan.roling@sim	ipson.edu	
	Simpson Baseball Summer Pros	pect Camp 2025 Registration	on Form	
First Name:	Last Name:			
Address:	City:	State:	Zip:	
Phone:	Alternate Phone:		Email:	
Date of Birth: / / / A	ge: T-Shirt Siz	e: (all campers	s receive a t-shirt)	
High School Data Package (circle any th	at apply): Position Player Me	trics (+ \$25) Pitcher I	Aetrics (+ \$25)	No Additional Package

## 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: