



SIMPSON BASEBALL CAMPS

AT SIMPSON COLLEGE | INDIANOLA, IOWA

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, and making adjustments.

Groups will be split up based on age, with limits on each group to maximize coaching and repetitions for all campers.

When: Sundays, Nov. 16th, 23rd, 30th, Dec. 7th

Cost: \$125 per Participant

Session Time: 5:00 – 6:15 PM each date, Grades 5-8

Location: Cowles Fieldhouse at Simpson College

6:30 – 7:45 PM each date, Grades 9-12

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 Ryan Willis: 319.883.9367 or ryan.willis@simpson.edu

Simpson Baseball Winter Hitting Camp Registration Form

First Name: _____ Last Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Alternate Phone: _____ Email: _____

Date of Birth: ____ / ____ / ____ Current Grade: _____

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: _____