



Summer 2025 Youth Skills Camp

Simpson College Baseball is again hosting a summer youth skills camp! We will host a two-day camp on our beautifully renovated turf McBride Field, on Simpson College's campus. At this camp, your ballplayer will be trained in the fundamentals of baseball—ranging from offense to defense to base running. Each child is given individual attention by our coaching staff, which is comprised of head college coaches and Simpson College baseball players. More important than teaching the fundamentals, Coach Roling and his staff bring a love of the game of baseball that reflects onto the young ballplayers attending. Each camper will be assigned an individual coach who will coach them during team activities. With competitive drills and fast-paced activity, this is a perfect camp for youth that want to increase their skill!

Note: Campers can bring their own lunch or purchase lunch from the camp concession stand.

Camp Options:

- Camp #1- When: June 9th & 10th Who: Ages 11-14
- Camp #2- When: June 11th & 12th Who: Ages 8-10

Camp Details:

Time: 9:00 AM – 2:00 PM

Cost: \$100

Location: McBride Field 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 head coach Nathan Roling: 563.599.9781 or nathan.roling@simpson.edu

Simpson Baseball Summer Youth Skills Camp Registration Form

First Name: _____ Last Name: _____

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

Phone: _____ Alternate Phone: _____ Email: _____

Date of Birth: ____ / ____ / ____ Age: _____ T-Shirt Size: _____

Choose Position (circle which one or two you'd like to focus on: [Catcher or Infield or Outfield or Pitcher]

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:* _____