



University of Dubuque Baseball 2018 Winter Skills Camp

Dates: Sundays, January 28 and February 4, 2018

TIME: 1:00 p.m. to 4:00 p.m.

Grades: 2nd to 7th

Cost: One session - \$35 Both sessions - \$60

The University of Dubuque baseball coaching staff is proud to announce the Spartan Winter Youth Baseball Camp to be hosted in the Veterans Memorial Training Center on the UD campus. All registered players will participate in a unique camp that will provide an opportunity to learn from the Spartan coaching staff and players. Each camper will participate in drills and teaching sessions that help them understand the fundamental skills that are used at each position. The camp will be held on two consecutive Sundays.

Fundamentals Covered - "We put the "fun" in fundamentals!"

- Pitching and throwing drills will cover areas on balance, delivery mechanics, and grip techniques.
- Defensive work will cover topics involving proper fielding position, footwork, and glove positioning.
- Hitting stations will include topics on proper stance, weight transfer, and point of contact.

What to Bring

- Each camper should bring tennis shoes, glove, bat, and batting gloves. Catchers should bring catching gear.
- Check-in will be from 12:30 to 1:00 p.m. on the day of each camp in Veterans Memorial Training Center.
- Pre-registration deadline is Friday Jan 26. Walk-ins will be accepted at check-in each day.
- For more information contact: Paul Wyczawski pwyczawski@dbq.edu
563-589-3124

UD Baseball Winter Skills Camp
Return application and waiver to:
University of Dubuque Baseball
Attn: Paul Wyczawski
2000 University Avenue
Dubuque, IA 52001

Checks payable to: University of Dubuque
___ **Session 1 Jan 28 (1-4 pm) \$35.00**
___ **Session 2 Feb 4 (1-4 pm) \$35.00**
___ **Session 1 and 2 \$60.00**

Notice: Distribution of this flyer does not constitute endorsement by the Dubuque Community School District.

Parent/Guardian Release

University of Dubuque (UD) "Hold Harmless Agreement-Waiver and Release of Claim Form

Each participant's parent/guardian must complete this form prior to their son/daughter's participation in the event taking place at the University of Dubuque. Please read this form carefully and be aware that you will waive and releasing all claims for injury/illness sustained arising out of this activity by your son/daughter.

As the parent/guardian of the participant, I certify that he/she is physically/mentally able to participate in this activity. Furthermore, permission is hereby granted to UD to provide necessary first aid treatment for the participant as well as permission to transport to a medical facility.

Please recognize that the University of Dubuque does not carry medical insurance for injuries/illness sustained arising out of this activity. It must be noted that the absence of health insurance coverage does not make UD responsible for payment of medical expenses.

In consideration for the participant's involvement in this UD activity, I agree to assume all risk and fully release from all liability UD, member of the University community, its directors, officers, trustees, agents, servants and employees, as a result of participating in this activity.

I agree to waive and relinquish all claims I may have against the UD community, its directors, officers, trustees, agents, servants, and employees, as a result of participating in this activity.

I further agree to indemnify and hold harmless UD, members of the UD community, its directors, officers, trustees, agents, servants, and employees from any and all claims from injuries/illness including death, damages and losses sustained by my child or rising out of, connected with, or in any way associated with my participation in this activity. This will include holding the University of Dubuque harmless from negligence on the part of the University of Dubuque.

Parent/Guardian's Signature and Participant's Signature is required on this form to confirm that you have read and agreed to all aspects of the "Hold Harmless" Agreement-Waiver and Release of Claims.

Participant's Name: _____ Age: _____

Participant's Signature: _____

Address: _____

City: _____ State: _____

Zip: _____ Email Address _____

Participant DOB: _____ Grade: _____

Are there any medication allergies or other physical concerns that the competition staff should be aware of?

Parent/Guardian's Name: _____

Parent/Guardian Signature: _____
Date: _____

Phone: _____ Emergency Phone: _____

Payment (Cash or Check): _____

The printing of this flyer was paid for by the sponsoring organization.