



University of Dubuque Baseball

Winter Skills Camp

Dates: Sundays, January 31 and February 7, 2016

TIME: 1:00 pm to 4:00 pm

Grades: 2nd to 7th

The University of Dubuque baseball coaching staff is proud to announce the Spartan Winter Youth Baseball Camp to be hosted in the Veteran's Memorial Training Center on the campus of UD. 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 like 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

- Camper's 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 Veteran Memorial Training Center.
- Pre-registration deadline is Friday Jan 29. Walk-ins will be accepted at check-in each day.
- For more information contact: Paul Wyczawski pwyczawski@dba.edu 563-589-3124

UD Baseball Winter Skills Camp

Return application and waiver to:

University of Dubuque Athletics/Baseball

Attn: Paul Wyczawski

2000 University Avenue

Dubuque, IA 52001

Camper's Name: _____

Home Address: _____

City/State/Zip: _____

Grade: ____ Date of birth: _____ Allergies: _____

Medications: _____

Designated Dubuque Hospital: _____

Checks made payable to: University of Dubuque

_____ Session 1 Jan. 31 (1-4 pm) \$30.00

_____ Session 2 Feb 7 (1-4 pm) \$30.00

_____ Sessions 1 and 2 \$50.00

Family Information:

Home Phone: _____

Emergency contact: _____

Emergency Phone Number: _____

Email Address: _____

Any concerns for the camp staff? _____

NOTICE: Distribution of this flyer does not constitute an endorsement by the Dubuque Community School District. The printing of this flyer was paid for by the sponsoring organization.

Parent/Guardian Release

University of Dubuque (UD) "Hold Harmless" Agreement - Waiver and Release of Claims:

•Each participant's parent/guardian must complete this form prior to their son/daughter's participation in the volleyball camp. 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 is physically/mentally able to participate in this activity. Furthermore, permission is hereby granted to UD to provide necessary first aid treatment for the camper as well as permission to transport to a medical facility.

•Please recognize that the University of Dubuque (UD) 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 the UD above named activity, I agree to assume all risk and fully release from all liability UD, members of the University community, its directors, officers, trustees, agents, servants and employees for any injuries including death, damages or loss of severity which my child may sustain 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 is to confirm that you have read and agreed to all aspects of the "Hold Harmless" Agreement - Waiver and Release of Claims.

Parent Name(s): _____