



WINONA STATE PRESEASON PITCHING ON-RAMP CAMP

WHEN: The Winona State Baseball Preseason Pitching On-Ramp Camp will be held from 1:00-3:00 PM on 5 Sundays (Super Bowl Sunday Off): January 26th, February 2nd, 16th, 23rd, and March 2nd.

WHERE: Camp will take place in Winona State University's Memorial Hall which is equipped with 4 indoor pitching mounds and 2 gyms. The campers will be doing numerous pitching drills and arm care with the assistance of Winona State players and coaching staff.

WHY: The Winona State Preseason On-Ramp Camp is being run to educate athletes and parents on safely preparing a pitcher's arm to perform at an elite level during the spring and summer playing seasons, as well as providing elite pitching instruction to help guide performance in game competition.

WHAT: The Winona State Preseason On-Ramp Camp will show players how to safely prepare their arms to pitch for the upcoming spring / summer season. Along with the arm care plan, pitchers will also be exposed to elite level tertiary training and instruction. This includes mobility exercises, athletic movement work, mechanical breakdowns, and a 1 on 1 Rapsodo analysis session with Winona State Pitching Coach Jake Carlsen to conclude the camp.

WHO: 7th-12th grade players during the 2024-2025 school year (LIMITED TO 30 CAMPERS)

LEADERSHIP: Instruction will be provided by Winona State University Baseball Staff. Instructional teachers include Seth Wing, Jake Carlsen, and current Winona State University Baseball Student-Athletes.

COST: The cost for the camp is \$250 and will include an arm care program and Rapsodo Analysis Session. Rapsodo uses advanced camera and radar technology to measure and analyze all possible ball flight data in seconds. Pitching metrics, including velocity, spin rate, spin direction, and spin efficiency allow for immediate, real-time adjustments and long-term improvement.

REGISTRATION: Please sign up online at: www.warriorbaseballcamps.com or send the registration, medical consent, and fee to Winona State University Baseball if you want to pre-register. (175 W Mark Street, Winona, MN 55987). We will also have on-site registration available.

MORE INFORMATION CONTACT:

Seth Wing
Head Baseball Coach
Winona State University
507-457-2332
EMAIL: seth.wing@winona.edu

WINONA STATE UNIVERSITY BASEBALL PITCHING ON-RAMP CAMP REGISTRATION

Name: _____

Parent's name: _____

Address: _____

City: _____

State: _____ **Zip:** _____

Email _____

(You will receive email to confirm your registration)

SCHOOL _____

GRADE _____

T-SHIRT SIZE: **S** **M** **L** **XL** **XXL** _____

(Please circle size and either Youth or Adult)

Make checks payable to WSU Baseball (\$250)

Winona State University Baseball

PO BOX 5830

Winona, MN 55987

WINONA STATE UNIVERSITY BASEBALL CAMP ACKNOWLEDGMENT AND ASSUMPTION OF RISK AND MEDICAL CONSENT FORM

I, the undersigned camp athlete, do hereby expressly and affirmatively state that I voluntarily wish to participate in the Winona State University Baseball Pitching Camp. I realize that my participation in this activity inherently involves risk of injury, including but not limited to the following: death, neck and spinal injuries (which may result in complete or partial paralysis), brain damage, injury to internal organs, injury to the skeletal system, and injury or impairment to the body's general health and well-being. In addition, I acknowledge that injury may also result in serious impairment of future abilities to earn a living, engage in other business, social and recreational activities, and generally enjoy life. These types of injuries may result from my own actions, the actions or inactions of others, or a combination of both. I understand that the rules and regulations are designed for the safety and protection of participants and I hereby agree to abide by the rules and regulations administered by the camp staff. I also understand that certain activities require a minimum level of fitness for safe participation. I acknowledge that I fully understand the contents of this Acknowledgment and Assumption of Risk statement before signing the same and have had an opportunity to ask questions. All questions I have asked have been answered to my complete satisfaction. Having done so, I agree to assume any and all potential risks of these activities and agree to hold Winona State University, its officers, employees and agents harmless for liability as it relates to this activity. I hereby grant permission to the Winona State University baseball staff, team physician, athletic trainers and other medical personnel to render aid, emergency treatment, medical or surgical care, preventative, rehabilitative care deemed reasonably necessary to my health and well being.

Parent(s) or Legal Guardian Signature and Date

CONTACT INFORMATION IN CASE OF
EMERGENCY DURING CAMP:

NAME _____

PHONE _____