WARRIOR BASEBALL YOUTH SKILLS CAMP

WHEN: Warrior Baseball Youth Skills Camp will take place on Sunday, February 15th from 1:00-3:30 PM

WHERE: Check-In will take place at McCown Gymnasium in Memorial Hall

WHY: The Youth Skills Camp is designed to provide an opportunity for skill development, fun, and competition. Players will get a chance to go through a college type practice and workout. All skills will be covered (Hitting, Pitching, Outfield, Infield, Catching, and Base Running).

WHO: Players who will be in grades 2nd – 8th Grade during the 2025-2026 school year.

LEADERSHIP: Instruction will be provided by Winona State University Baseball Staff and current Winona State University Baseball Players.

COST: The cost for the training camp is $50 and payable to Winona State University Baseball.

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 on the camp date.

MORE INFORMATION CONTACT:

Seth Wing
Head Baseball Coach
Winona State University
507-459-4061
EMAIL: seth.wing@winona.edu

WINONA STATE UNIVERSITY BASEBALL YOUTH SKILLS CAMP REGISTRATION

Name: _____

Parent's name: _____

Address: _____

City: _____

State: _____ **Zip:** _____

Email _____

(You will receive email to confirm your registration)

Future High School : _____

Year in School: _____ **Bat** _____ **Throw** _____

POSITION(S): _____

PARENT CELL # : _____

T-SHIRT SIZE: S M L XL YOUTH ADULT

(Please circle size and either Youth or Adult)

Make check ($50)- payable to and mail to:
Winona State University Baseball
Memorial Hall 141
175 W Mark Street
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 Youth Skills 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 _____