



## ***WINONA STATE PRESEASON HITTING CAMP***

**WHEN:** The Winona State Baseball Preseason Hitting Camp will be held on Sunday, February 23<sup>rd</sup> & Sunday, March 2<sup>nd</sup> from **3:00-5:00 PM**.

**WHERE:** Camp will take place in Winona State University's Memorial Hall which is equipped with two indoor batting cages and hitting nets where the campers will be doing numerous hitting drills with the assistance of Winona State players and coaching staff.

**WHY:** The Winona State Preseason Hitting Camp will allow players to get quality swings and instruction prior to the upcoming spring season and learn the hitting approach, swing, and philosophy of the Winona State Baseball Program.

**WHO:** 7<sup>th</sup>-12<sup>th</sup> grade players during the 2024-2025 school year.

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

**COST:** The cost for the camp is \$120. WSU Baseball Trucker Hat Included with registration.

**REGISTRATION:** Please sign up online at: [www.warriorbaseballcamps.com](http://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](mailto:seth.wing@winona.edu)

**WINONA STATE UNIVERSITY BASEBALL HITTING CAMP REGISTRATION**

**Name:** \_\_\_\_\_

**Parent's name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_

**State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Email** \_\_\_\_\_

(You will receive email to confirm your registration)

**SCHOOL** \_\_\_\_\_

**GRADE** \_\_\_\_\_

**Make checks payable to WSU Baseball (\$120)**

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 Hitting 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.

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Parent(s) or Legal Guardian Signature and Date

CONTACT INFORMATION IN CASE OF  
EMERGENCY DURING CAMP:

NAME \_\_\_\_\_

PHONE \_\_\_\_\_