

2017 Elite Skills Baseball Camp

High School Players – October 14th

The UW-La Crosse Baseball Program would like to invite current high school players to join our coaching staff and players in a one-day camp designed to test and enhance your skills in preparation for a potential future in college baseball. This camp is for high school players who have a <u>desire to play college baseball</u>, <u>wish to learn what college coaches look for</u>, <u>test measurable skills</u>, be <u>put through college drills</u>, and <u>prepare for a future in baseball</u>.

WHO:	High School Players (Grades 9-12)				
WHEN:	Saturday, October 14 th				
TIMES:	Position Players Pitchers Only	12:00-5:00pm 2:30-5:00pm	*end times are approximate		
WHERE:	Copeland Park 1130 Copeland Park Dr. La Crosse, WI 54601		*Rain site Mitchell Hall on UWL Campus		
COST:	\$100 for position player only \$100 for pitcher only \$150 for registering as both pitcher and position player				
INCLUDED:	T-shirt				
WHAT TO BRING:	Please wear baseball attire (baseball pants, hat, spikes, turfs/tennis shoes) Bring own equipment (catchers gear, glove/mitt, bat)				
REGISTRATION:	Please register in advance at: <u>www.uwlcamps.com</u> OR by filling out the registration form and sending it in.				
WHAT TO EXPECT:	Measurable testing: 60yd sprint, velocity from positions, exit velocity, Catcher pop times/velocity, pitcher velocity, home to 1B Pitchers throwing live to hitters. College drill work. General recruiting info. Mechanical Analysis for all positions.				

Visit UWICAMPS.COM for online registration, printable registration, and more information!



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Date:	October 14, 2017
Times:	12:00-5:00pm (position players) 2:30-5:00pm (pitchers)
Grades:	High School (grades 9-12)
Costs:	\$100 position players \$100 pitcher only \$150 registering as both pitcher & position player

Please print clearly. We cannot process incomplete registrations. All information must be provided.

Player Name		High School		
Address		City	State Zip	
Player phone		Player Email		
Parent/Guardian (emergency contact)		Parent/Guardian Phone		
Height Weig	ht	Bats: R or L	Throws: R or L	
Registering as (<u>circle one</u>):	Pitcher Only \$100	Position Player Only \$100	Pitcher & Position Player \$150	
	Amount	Enclosed: \$		
	UW-La Cro	d, made payable to: UW-La Crosse Return to: osse Athletic Camps & Clinics 110 Mitchell Hall 1725 State St. La Crosse, WI 54601		

If you have any questions, please contact Head Coach Chris Schwarz by e-mail at: cschwarz@uwlax.edu

WAIVER: Registration implies permission for photos, publicity and inclusion in a participant list unless camp director is notified in writing prior to camp. By signing this form I agree to hold harmless and indemnify UW-La Crosse, their officers, agents, and employees from any and all liability, loss, damages, costs, or expenses which are sustained, incurred, or required arising out of the actions of my dependent in the course of the camp. I authorize that any medical, surgical, diagnostic and hospital procedures may be performed by a physician on my dependent if I cannot be reached in the event of an emergency.

Parent/Guardian Signature: ____

___ Date: _____

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