



CORNELL RAMS

FALL BASEBALL TRAINING CAMP

WHEN: The Fall Training Camp will cover 7 training dates that include: September 8, September 15, September 22, September 29, October 6, October 13, & October 20 from **3:30 – 5:30 PM**. October 27th will be used as a make-up date if necessary.

WHERE: Check-In will take place at Cornell College's Ash Park Baseball Field and we will use the baseball field along with the Small Multi Sport Center Field House.

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

WHO: Players who will be in grades 7th – 12th during the 2019-2020 school year.

LEADERSHIP: Instruction will be provided by the Cornell College Baseball Staff. Instructional teachers include Seth Wing, Scott Shulista, Travis Bennett, Mike Fleckenstein, and current Cornell College Baseball Players.

COST: The cost for the training camp is \$20 per session and payable to Cornell College Baseball. Players can pay at each training session or pay \$125 for entire camp.

REGISTRATION DEADLINE: Sunday, September 8, 2019. Please send the registration, medical consent, and fee to Cornell College Baseball if you want to pre-register. (600 First St SW, Mt. Vernon, IA 52314)

MORE INFORMATION CONTACT:

Seth Wing
Head Baseball Coach
Cornell College
319-895-4150 (office)
EMAIL: swing@cornellcollege.edu

CORNELL COLLEGE BASEBALL TRAINING CAMP REGISTRATION

Name: _____

Parent's name: _____

Address: _____

City: _____

State: _____ **Zip:** _____

Email _____

(You will receive email to confirm your registration and schedule changes because of weather)

High School: _____

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

POSITION(S): _____

CELL # : _____

T-SHIRT SIZE: _____ **S** _____ **M** _____ **L** _____ **XL** _____ **(please circle one)**

Make checks (\$125 or \$20 per session planning on attending- payable to and mail to:

Cornell College Baseball
600 First Street SW
Mount Vernon, IA 52314

CORNELL COLLEGE 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 Cornell College Baseball Fall League. 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 Cornell College, its officers, employees and agents harmless for liability as it relates to this activity. I hereby grant permission to the Cornell College 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.

Athlete Signature Date

Parent(s) or Legal Guardian Signature Date

CONTACT INFORMATION IN CASE OF
EMERGENCY :

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME PHONE _____