

# Don't Neglect Your Skills This Off Season



**'01, '03, '04, '05, '06, '07, '08, '09 Northern Sun Intercollegiate Conference Champions**  
**'01, '04, '05, '06, '07, '08, '09 Central Region Qualifiers**

The Wayne State College baseball team is conducting a hitting/pitching league this off season in the Rec Center on the WSC campus. The league will run on four Sunday's starting October 25<sup>th</sup> and ending November 15<sup>th</sup>. Each participant will be part of a 4-8 person "team", which will meet during the same one hour session each Sunday. The one hour session will consist of instruction, drills, and a pitching/hitting game at the direction of the WSC coaching staff. We will also film hitters and pitchers during one of the weeks of instruction. The total cost for four hitting sessions is \$100 and four pitching sessions is \$100. If you wish to do both, the cost is \$175. Please bring your glove, athletic shoes and a bat. Make checks payable to Wayne State College. Please send the check and registration form to Wayne State College, Mitch DeBoer, 1111 Main Street, Wayne, NE 68787.

Please mark one through three for the league and session below that you would like to meet on each Saturday (1 being the session you want to attend and three the session you least want). Please only mark hitting or pitching. If you wish to do both, select a separate time for each. Each session will meet on the following Sunday's: **October 25, November 1, November 8, and November 15.**

Time	Hitting	Pitching
9:00 – 10:00 a.m.		
10:00 – 11:00 a.m.		
11:00 – 12:00 a.m.		

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First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

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Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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Phone Number(s) \_\_\_\_\_ Email \_\_\_\_\_

List the names of any others you wish to have on your team below:

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I understand that the WSC Athletic Camp director and instructors will NOT be held responsible for injuries or loss of property while the previously-named participant is attending the Hitting/Pitching League. I do hereby release the State of Nebraska, Wayne State College, its officers, agents and employees from all liability including claims and suits in law or equity for any injury-fatal or otherwise. The signatures below absolve the WSC Athletic Camp of all responsibility for loss of personal property. Furthermore, I realize the risks involved to the participant. I will pay, or cover through my insurance, any medical or hospital expenses, doctor bills or other expenses which could be incurred as a result of treatment given to the previously named participant for illness or injury while attending or subsequent to attending the WSC Athletic Camp. I hereby authorize the staff of the WSC Athletic Camp to act for me according to their best judgment in any emergency requiring medical attention. I further understand the camp retains the right to use, for publicity and advertising purposes, photographs of campers taken at the camp.

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Participant \_\_\_\_\_ Date \_\_\_\_\_

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Parent \_\_\_\_\_ Date \_\_\_\_\_