

Please complete the registration form below,
or register online at
www.mountmercybaseball.com.

Name _____
Address _____
City/Zip _____
Phone _____
E-mail* _____
School _____
Age _____
Grade _____

*A confirmation e-mail will be sent upon receipt of
payment and registration.

**PLEASE INDICATE THE SESSION(S) YOU
PLAN TO PARTICIPATE IN:**

OFFENSIVE/DEFENSIVE SESSIONS

- _____ Saturday, Jan. 28, 9:15 a.m.-12:00 p.m. (ages 7-9)
_____ Saturday, Jan. 28, 1:00-3:45 p.m. (ages 10-12)

PITCHING/CATCHING SESSION

- _____ Pitcher – Sunday, Jan. 29, 12:45-3:30 p.m. (ages 7-9)
or
_____ Catcher – Sunday, Jan. 29, 12:45-3:30 p.m. (ages 7-9)
_____ Pitcher – Sunday, Jan. 29, 4:30-7:15 p.m. (ages 10-12)
or
_____ Catcher – Sunday, Jan. 29, 4:30-7:15 p.m. (ages 10-12)

Total \$ _____

Make checks payable to:
Mount Mercy Baseball

Mail to:
Desi Druschel
Mount Mercy University
1330 Elmhurst Drive NE
Cedar Rapids, IA 52402

ONLINE REGISTRATION AVAILABLE AT:
www.mountmercybaseball.com

MOUNT MERCY
BASEBALL
1330 Elmhurst Drive NE
Cedar Rapids, IA 52402





MUSTANG BASEBALL FUNDAMENTAL CAMPS

SITE

Mount Mercy University
Hennessey Recreation Center
1330 Elmhurst Drive NE
Cedar Rapids, Iowa 52402

**OFFENSIVE/DEFENSIVE
FUNDAMENTAL SESSIONS**

Saturday, Jan. 28, 2012
9:15 a.m.-12:00 p.m. (ages 7-9)
1:00-3:45 p.m. (ages 10-12)

PITCHING/CATCHING SESSION

Sunday, Jan. 29, 2012
12:45-3:30 p.m. (ages 7-9)
4:30-7:15 p.m. (ages 10-12)

CLINIC FEE

\$30 per session in advance or
\$50 for two sessions

GENERAL INFORMATION

Due to limited enrollment, it's important to register early as sessions are filled on a first-come, first-serve basis. Registration forms and waivers must be sent with payment, and a confirmation e-mail will be sent to campers once those forms are received.

AVAILABLE BEFORE AND AFTER

Mount Mercy t-shirts; long-sleeve t-shirts; hats; and hitting tees.

**REGISTER ONLINE AT
WWW.MOUNTMERCYBASEBALL.COM.**



**OFFENSIVE/DEFENSIVE
FUNDAMENTAL CAMP AGENDA**

Brief warm-up technique; proper hitting and bunting mechanics; tee work for technique and hitting location; short distance batting practice drills; proper arm care and prep; throwing program implementation; infield/outfield fundamentals.

**PITCHING/CATCHING
FUNDAMENTAL CAMP AGENDA**

Proper warm-up technique; proper arm care and strengthening; proper pitching/catching mechanics.

Pitchers: Pitching mechanics; drills emphasizing mechanics; pitching grips; throwing to catchers.

Catchers: Blocking drills; framing drills; throwing drills; footwork drills.

CAMP INSTRUCTION

The clinic will be hosted by
Mount Mercy players and coaches.

QUESTIONS?

Please contact Desi Druschel,
Mount Mercy head baseball coach,
at 319-363-1323 ext. 1311 or ddruschel@mtmercy.edu.

**REGISTER ONLINE AT
WWW.MOUNTMERCYBASEBALL.COM.**

**Mount Mercy Baseball Camps
Medical Information, Parental Consent and Waiver Form**

All areas of this form must be completed
and signed prior to camp participation.

Camper's Name _____
Birth Date _____

Allergies and Medications

Allergic reactions (drugs, food, asthma) _____ No _____ Yes
If yes, list: _____
Taking any medication at this time? _____ No _____ Yes
If yes, list: _____

In Case of Emergency

Father Tel (H) _____ (W) _____ (C) _____
Mother Tel (H) _____ (W) _____ (C) _____
Other Emergency Contact:
Name _____
Tel (H) _____ (W) _____ (C) _____
Guardian's Name _____
Relationship _____

Your Medical Insurance

Company _____
Policy # _____
Name of Policy Holder _____

I certify that I am the parent or legal guardian of the Camper. I hereby give permission for the staff of the camp, to seek, during the period of the camp, appropriate medical attention for the Camper; and for medical attention to be given; and for the Camper to receive medical attention in the event of accident, injury, or illness.

I understand and agree that neither Mount Mercy University nor the camp carry insurance for injuries sustained by participants of its programs. I have reviewed the medical insurance coverage for my child/ward and have determined that it is adequate.

I agree to assume the full risk of any injuries, including death, damages, or loss regardless of severity, which I or my child/ward may sustain as a result of participating in any and all activities connected with or associated with such camp.

I waive, release, agree to not sue for, and relinquish all claims against Mount Mercy University, its officers, directors, agents, insurers, employees and camp staff that I or my child/ward may have as a result of participating in the camp.

I further agree to indemnify, hold harmless and defend Mount Mercy University, its officers, directors, agents, insurers, employees and camp staff from any and all claims from injuries, including death, damages, and losses sustained by me or my child/ward or arising out of, connected with, or in any way associated with the activities of the camp.

I agree that any photography taken of me or my child/ward while participating in the Mount Mercy University summer camps may be used for promotional purposes for Mount Mercy University or the camp.

Signed _____ Date _____

Printed Name _____

Relationship to Camper _____