

## INDIANA UNIVERSITY OF PA BASEBALL WINTER CAMPS

The IUP Baseball Winter Camps I and II are for all players age 7 – 15, and an opportunity to receive instruction from the Indiana University of Pennsylvania (IUP) Baseball coaching staff and current players. The station format camp will be indoors in the IUP Auxiliary Gym, Zink Hall Gym, and the Memorial Field House.

The camps are divided into two sessions each. Session 1 (1<sup>st</sup> day of each camp) will focus on pitching and hitting. Session 2 (2<sup>nd</sup> day of each camp) will focus on defense and hitting. Campers may register for one or both sessions.

We accept 40 participants in each session. To register, detach the application on this brochure and mail with payment. Walk-up registration is available only if the camp is not full.

Bring all necessary baseball equipment for your participation including bat, glove, tennis shoes, and catcher's gear (if catching).

For more camp information, questions, and directions to the Auxiliary Gym and Memorial Field House on IUP's Main Campus:

(724) 357-7830

<http://iupathletics.cstv.com>

[www.winwithclass.com](http://www.winwithclass.com)

[jditch@iup.edu](mailto:jditch@iup.edu)

### Winter Camp I – January 10 & 11, 2009

Session 1 Pitching & Hitting – January 10, 9:00 AM – 12:00 PM  
Session 2 Defense & Hitting – January 11, 9:00 AM – 12:00 PM

### Winter Camp II – January 17 & 18, 2009

Session 1 Pitching & Hitting – January 17, 9:00 AM – 12:00 PM  
Session 2 Defense & Hitting – January 18, 9:00 AM – 12:00 PM

**Each Camp \$50 if pre-registered**  
**Each Session \$30 if pre-registered**



#### Camp Staff

Anthony Rebyanski - IUP Pitching Coach  
Mark Krizanik - IUP Assistant Coach  
Butch Odenthal – IUP Assistant Coach  
Eric Morrison – IUP Assistant Coach  
Nate Burgett – IUP Student Assistant Coach  
IUP Baseball Players  
Guest Coaches

#### Session 1 – 1<sup>st</sup> Day of Each Camp Pitching & Hitting

8:30 AM Registration Begins  
9:00 AM Stretching  
9:10 AM Pitching Instruction  
10:30 PM Base Running  
10:50 PM Hitting Stations  
12:00 PM Dismiss Camp

#### Session 2 – 2<sup>nd</sup> Day of Each Camp Defense & Hitting

8:30 AM Registration Begins  
9:00 AM Stretching  
9:10 AM Defense Instruction  
10:30 PM Base Running  
10:50 PM Hitting Stations  
12:00 PM Dismiss Camp

## INDIANA UNIVERSITY OF PA 2009 BASEBALL CAMPS

**ADVANCED SKILLS CAMP – FEBRUARY 7-8**  
**SUMMER CAMP – JUNE 15-18**

**BROCHURES WILL BE AVAILABLE ONLINE**

## Authorization for Medical Care

Full Name \_\_\_\_\_  
Social Security Number \_\_\_\_\_ Birthday \_\_\_\_\_  
Parent / Guardian Name \_\_\_\_\_  
Home Phone \_\_\_\_\_ Emergency Cell Phone \_\_\_\_\_  
Emergency Contact Person \_\_\_\_\_ Emergency Cell Phone \_\_\_\_\_

### Health History

Operations or Serious Illness \_\_\_\_\_  
Emotional Concerns or Diseases or Special Problems \_\_\_\_\_  
Currently Under Medical Care and if so why \_\_\_\_\_  
Currently On Medication and if so Name of Med, Dosage, and Amount \_\_\_\_\_

#### Allergies List

Check All That Apply and List Dates

- Ear Infection \_\_\_\_\_  Asthma \_\_\_\_\_  
 Blood Pressure \_\_\_\_\_  Diabetes \_\_\_\_\_  
 Bleeding / Clotting \_\_\_\_\_  Chicken Pox \_\_\_\_\_  
 Measles 3 Day/9 Day \_\_\_\_\_  Mumps \_\_\_\_\_  
 Heart Defect Murmur \_\_\_\_\_  Convulsions \_\_\_\_\_

Physician Name \_\_\_\_\_  
Physician Phone Number \_\_\_\_\_  
Insurance Company \_\_\_\_\_  
Insurance Policy Number \_\_\_\_\_ Phone Number \_\_\_\_\_

IUP does not provide medical insurance for campers. In the event of injury or illness requiring treatment, hospitalization, and/or surgery, the family medical insurance must be used.

I hereby consent to any and all health services necessary to the Indiana Regional Medical Center's emergency room. I give authority and power to any such physician/surgeon to render any and all health services that may be deemed necessary or advisable. I authorize the IUP Camp Director and/or staff to accompany the student and sign permit forms Required by the Medical Center. I understand in case of serious accident or illness every effort will be made to contact me. I understand I will be responsible for any costs or care not provided. I understand there is risk of injury for my son or daughter while participating in the camp and I hereby voluntarily assume all risks associated with participation and agree to exonerate and release IUP, it's agents, servants, trustees, and employees from any and all liability.

This medical release must be signed to participate.

Parent / Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_



# BASEBALL WINTER CAMPS



## WINTER CAMP I

JANUARY 10 & 11, 2009

## WINTER CAMP II

JANUARY 17 & 18, 2009

**INDIANA UNIVERSITY OF PA  
AUXILIARY GYM**

OPEN TO AGES 7 - 15

FOUR SESSIONS TO SELECT FROM

IUP is a member of Pennsylvania's State System of Higher Education.

### BASEBALL "WINTER" CAMPS

9:00 AM – 12:00 PM EACH DAY

#### Camp I – January 10 & 11

- \$50.00 Registration before January 5
- \$30.00 Session 1 before January 5
- \$30.00 Session 2 before January 5
- \$60.00 Walk-up Registration (If available)
- \$35.00 Walk-up Session 1 (If available)
- \$35.00 Walk-up Session 2 (If available)

#### Camp II – January 17 & 18

- \$50.00 Registration before January 12
- \$30.00 Session 1 before January 12
- \$30.00 Session 2 before January 12
- \$60.00 Walk-up Registration (If available)
- \$35.00 Walk-up Session 1 (If available)
- \$35.00 Walk-up Session 2 (If available)

Full Name \_\_\_\_\_ Age \_\_\_\_\_

Home Address \_\_\_\_\_

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

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Baseball Position \_\_\_\_\_ Bat L or R \_\_\_\_\_ Throw L or R \_\_\_\_\_ T-Shirt Size \_\_\_\_\_

High School \_\_\_\_\_ Graduation Year \_\_\_\_\_

Parent or Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Make checks payable to IUP. Detach and mail application to:

**The Bursar's Office  
Clark Hall - IUP  
1090 South Drive  
Indiana, PA 15705**

For Office Use Only	
Check # _____	Amount Received \$ _____

