



POTOMAC STATE BASEBALL

WINTER HITTING CAMPS

Camp I- Monday, January 19, 2015 (Ages 6-12)

Camp II- Saturday, January 24, 2015 (Ages 13-17)

Where: Potomac State College - Lough Gymnasium- Keyser, WV 26726

Time: 1:00 pm – 4:00 pm (Registration 12:00 pm – 1:00 pm)

Directors: Doug Little- Head Coach; Don Schafer- Assistant Coach

Staff: Current Potomac State Players and Coaches

Camp Goals: Join the coaches and players at Potomac State College and learn the latest in hitting techniques during this one day intensive camp. Instructors leading this camp will focus on preparing hitters to compete at a high level. Learn the basics of being a successful hitter with lessons on mechanics of the swing, hitting and bunting drills, developing a plan, and mental skills to take to each at bat. Our purpose is to provide each camper with the instruction and encouragement needed to develop individual skills to a greater level.

Cost: ** \$50.00. ** (Make checks payable to: Potomac State Baseball)

Note: Campers will be divided by age and skill level. Due to limited enrollment, pre-registration is strongly encouraged. All campers should bring baseball bats, **batting gloves**, tennis shoes for indoor use, caps and uniform pants or clothes suitable for play.

For further information, contact: Doug Little (304) 788-6878 DALittle@mail.wvu.edu
Don Schafer (304) 788-6851 DJSchafer@mail.wvu.edu
In case of inclement weather, call: (304) 788-6878

www.potomacstatecollege.edu/athletics/mbaseball



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2015 WINTER CAMP REGISTRATION FORM - Camp I - Jan. 19 / Camp II – Jan. 25 (Circle one) 

Name: _____ Age: _____

Home Address: _____ Date of birth: _____

City: _____ State _____ Zip: _____

School attending: _____ Grade in school: _____

Phone: (____) _____ Height: _____ Weight: _____ Primary Position _____

E-Mail Address: _____

Have you ever attended a Potomac State Baseball Camp? Yes _____ No _____

I certify that my child is medically qualified to attend baseball camp. I hereby authorize the directors of the Potomac State Baseball Camp to act for me in accordance with their best judgment in an emergency situation requiring medical attention. I hereby waive and release the Potomac State Baseball Camp, its employees and staff from all liability for injury and illness incurred while my child is at camp.

Signature of Parent/Guardian

Date

Family Insurance Company

Policy Number

PLEASE RETURN THIS FORM AND PAYMENT TO: Potomac State College, Attn: Baseball Office, 101 Fort Avenue, Keyser, WV 26726