

# YOUNGSTOWN

S T A T E

## BASEBALL CAMP SERIES

### DEVELOPMENTAL HITTING CAMP

Sunday, Jan. 21 • YSU Watson and Tressel Training Site • YSU Campus

**TIME:** 9 a.m. - Noon (*check in at 8:15 a.m.*)

**AGES:** Grades 5-12 and JUCO players

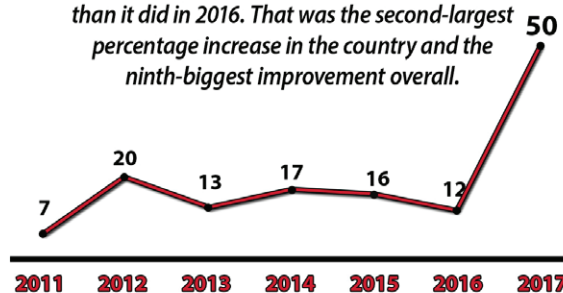
**CAPACITY:** Limited to only 36 hitters

#### CAMP DETAILS

- Campers will be coached and instructed the same as YSU's current players.
- Small groups for instruction
- Develop an offensive routine.
- Multiple drills to understand proper body movement
- Machine work to challenge campers
- Develop a two-strike hitting plan
- Video analysis

#### PENGUIN POWER SURGE

Youngstown State hit 38 more home runs in 2017 than it did in 2016. That was the second-largest percentage increase in the country and the ninth-biggest improvement overall.



Hawaii (383%) was the only program in the country to have a greater percentage increase in home runs in 2017 than Youngstown State (317%).

**Refund Policy:** All cancellations must be made at least 48 hours prior to camp. There is a \$20 cancellation fee. If you cancel less than 48 hours prior to camp there will be no refund.

**Price:** \$125. A \$20 discount is available for each sibling that registers. Children of YSU employees will receive a \$25 discount.

**Equipment:** A t-shirt will be provided. Turf shoes, bat, helmet and other gear needed to hit.

*Camps are open to any and all participants, limited only by number, age, grade level, and/or gender as required by NCAA rules.*

#### Registration Form (Online registration at [penguinscamps.com](http://penguinscamps.com))

Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Position: \_\_\_\_\_

Home Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

T-Shirt Size: \_\_\_\_\_ S \_\_\_\_\_ M \_\_\_\_\_ L \_\_\_\_\_ XL

**Make checks payable to YSU Baseball Camp. Mail payment, registration form and waiver/release form to:**  
YSU Baseball | One University Plaza | Youngstown, OH 44555

# YOUNGSTOWN STATE

## BASEBALL CAMP SERIES

# DEVELOPMENTAL HITTING CAMP

### Parent Waiver and Release Form

*Please Print*

Camper's Name: \_\_\_\_\_

Parent's Medical Insurance Carrier: \_\_\_\_\_

Insurance Group #: \_\_\_\_\_

Insurance Policy #: \_\_\_\_\_

I am aware of the risks, hazards and inherent dangers that may arise due to my child's participation in the Youngstown State University Youth Camp held at Youngstown State University (collectively referred to as "UNIVERSITY"):

In consideration for \_\_\_\_\_ being allowed to participate in said activity, it is agreed that all risks attendant to watching and/or participating in camp activities, including, but not limited to bodily injury, are assumed by the camper and his/her parents and/or legal guardian as indicated by the signature hereto. I hereby certify that the above named camper is physically able to participate in the camp and that I know of no physical impairments which would in any manner limit his/her participation in the program.

I, for myself, and on behalf of my child, hereby release, waive and discharge UNIVERSITY, its instructors, agents and employees from every claim, liability or demand of any kind sustained, whether caused by the negligence of the UNIVERSITY or otherwise. This release shall be binding upon any heirs, administrators, executors and assigns of mine. I further agree to indemnify the UNIVERSITY from any loss, liability, damage or cost it may incur due to my participation in said activity in any way whether caused by the UNIVERSITY or otherwise. I also certify that I am the legal parent or guardian of the above named camper and have full right to provide the release.

In the event of illness or injury resulting or arising directly or indirectly out of said activity, I hereby give my consent and authorization for (1) the administration of emergency first aid care and treatment at the scene of an emergency by faculty, staff members or volunteers of UNIVERSITY or (2) the administration of any treatment deemed necessary by a licensed physician or dentist and (3) the transfer to any hospital reasonably accessible.

Signature of Parent/Guardian: \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_

Date: \_\_\_\_\_