

UND FIGHTING SIOUX BASEBALL

Pitching and Catching Camp



The second annual UND Baseball Pitching Camp will be conducted on November 4. All baseball players will have the preseason opportunity to improve their pitching skills and mechanics for the upcoming spring and summer baseball seasons. The UND Hyslop Sports Center will be used as the instructional area. The UND Pitchers Camp will implement many of the theories and skills taught in the UND baseball pitching program. Fundamentals will be stressed along with live pitching and pitching instruction. Students can expect plenty throwing time under the supervision of the UND pitching coach staff. **ONLY 18 PARTICIPANTS WILL BE ACCEPTED SO REGISTER EARLY!!!**

WHERE: Hyslop Sports Arena (UND) **** Use East Entrance

WHEN: **Sunday:** November 4

TIME(S): 1-4 p.m.

GRADES: 6-12

-FIRST COME FIRST SERVE REGISTRATION-

What: (3 separate stations, classroom instruction, live pitching and catching instruction and fundamental practice)

Equipment: Come dressed in workout attire
** Players provide their own glove
**UND will provide baseballs

Cost: \$45.00 per player

Deadline: Registration forms with payment due by October 26, 2007. (Check is non-refundable after October 29, 2007.) Make checks payable to: UND.

Pitching Camp Directors

Timm Pint – UND Head Baseball Coach - (701-777-4038) E-mail: timothy.pint@und.nodak.edu

Brian DeVillers – UND Asst Baseball Coach - (701-777-2352) E-mail: brian.devillers@und.nodak.edu

Please note the information provided on the form(s) enclosed and contact us with any questions

**APPLICATION-UND FIGHTING SIOUX BASEBALL
PITCHING CAMP**

Name _____

Address/City/State/Zip _____

Phone (____) _____ Cell Phone (____) _____

Email Address _____
(Camp confirmation will be sent to this E-mail address)

Age: _____ T-shirt Size _____ Position: P C
(Circle all that apply)

Make checks payable to UND

Send completed application and check to:
Timm Pint: UND Baseball Camps
UND Baseball Office
PO Box 9013
Grand Forks, ND 58202-9013

Parent/Guardian Signature/Date

Check No. _____

EMERGENCY MEDICAL CONTACT INFORMATION

In Case of Emergency contact:_____

Phone: (____)_____ **Cell Phone:**(____)_____

Please provide medical history or limitations (if pertinent):

Allergies, present medications, special considerations:

****ALL PLAYERS MUST PROVIDE OWN MEDICAL INSURANCE COVERAGE****