



## 2022 Chi Hi Baseball Camp

**Camp dates:** Sunday, April 3<sup>rd</sup> and 10<sup>th</sup>

**\*\*All Registration forms are due by March 31, 2022\*\***

**LOCATION-** Chippewa Falls Senior High – Enter at Cardinal Doors

**Session 1:** 10:00 am – Noon each day

This session is designed for students **ages 7-10**. *Fundamental skills* of hitting and pitching will be emphasized. Each player will participate in 2 hitting sessions and 2 throwing/pitching sessions.

Cost: \$50 per player (includes camp t-shirt) Checks can be written to “Chi Hi Baseball”

**Session 2:** 12:30 pm – 2:30pm each day

This session is designed for students **ages 11-14**. Skills, drills, and terminology used at the high school level for pitching and hitting will be the primary emphasis. Each player will participate in 2 hitting sessions and 2 pitching sessions.

Cost: \$50 per player (includes camp t-shirt) Checks can be written to “Chi Hi Baseball”

### **REGISTRATION**

Detach the bottom portion of this paper and return (with payment) to:

Chi Hi Baseball

C/O Mitch Steinmetz

10870 County Highway S

Chippewa Falls, WI 54729

Camp fee is non-refundable. No confirmation of acceptance in camp will be sent. All registrations are accepted.

Rain or shine – mark your calendars with dates / times.

Questions please email or call Mitch Steinmetz – 715-828-3181 or [steinmmw@chipfalls.org](mailto:steinmmw@chipfalls.org)

Participant Name: \_\_\_\_\_

Age: \_\_\_\_\_ Session (circle one): 1 OR 2

T Shirt Size: YM, YL, S, M, L, XL

I do hereby release the Chippewa Falls High School and camp personnel from all liability, including claims or suits in law or equity related to any bodily injury (including but not limited to) loss of life, accident, or loss (personal property or other). Furthermore, I realize the risks involved as a camp participant and I understand that I am responsible to pay, or otherwise cover through my insurance, any medical or hospital expenses, doctor bills or other expenses which could be incurred as a result of treatment given for illness or injury incurred while attending or subsequent to attending the Chippewa Falls Baseball Camp. I hereby authorize the staff of the Chippewa Falls High School Baseball Camp to act for me according to their best judgment in any emergency requiring medical attention.

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

Parent Phone Number: \_\_\_\_\_