



# POTOMAC STATE BASEBALL

## WINTER BASEBALL CAMPS

Hitting I- Sunday, January 14, 2018 (Ages 6-12)  
Hitting II- Sunday, January 21, 2018 (Ages 13-17)  
Pitching - Sunday, January 28, 2018 (Ages 8-14)

**Where:** Potomac State College - Lough Gymnasium- Keyser, WV 26726  
**Time:** 1:00 pm – 4:00 pm – (Hitting Camps) 1:00pm – 3:00pm – (Pitching Camp) (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 and pitching techniques during these one day intensive camps. Instructors leading this camp will focus on preparing players to compete at a high level. Learn the basics of being a successful player with lessons on mechanics, drills, developing a plan, and mental skills. Our purpose is to provide each camper with the instruction and encouragement needed to develop individual skills to a greater level.  
**Cost:** \$50.00 HITTING CAMPS / \$40.00 PITCHING CAMP (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 and gloves, batting helmets, **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](mailto:DALittle@mail.wvu.edu)  
Don Schafer (304) 788-6851 [DJSchafer@mail.wvu.edu](mailto:DJSchafer@mail.wvu.edu)  
In case of inclement weather, call: (304) 788-6878

[www.potomacstatecollege.edu/athletics/mbaseball](http://www.potomacstatecollege.edu/athletics/mbaseball)



### 2018 REGISTRATION FORM: Hitting I -Jan. 14 / Hitting II - Jan. 21 / Pitching - Jan. 28 - Circle Camp(s)



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