



2009 Cornell College Baseball Hitting Camp



Saturday, January 31
2:00- 4:30 p.m.

Richard and Norma Small Multi-Sport Center
Cornell College Mount Vernon, Iowa

Camp Staff: Frank Fishler, Head Coach, Cornell College
assisted by Cornell coaching staff and players

Grades 7-12 invited to attend

Number of participants will be limited!!! Deadline to register is January 26.

- ✓ \$40 per player
- ✓ Hitting Instruction and Drills
- ✓ Bunting Instruction and Drills
- ✓ Camp requirements: hat, bat, and gym shoes
- ✓ Camp T-shirt provided

For more information contact:

Frank Fishler

319-895-4150

ffishler@cornellcollege.edu



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Player Registration

Name: _____

Address: _____ City/State/Zip: _____

Phone: _____ School: _____

E-mail: _____

Grade (circle one): 7 8 9 10 11 12 Shirt Size (circle one): S M L XL

Parents/Legal Guardian Statement: I hereby authorize the staff of the 2009 Cornell College Baseball Hitting Camp to act according to their best judgment in any emergency requiring medical attention. A recent physical examination for my son indicates no reason he should not participate in the activities of the camp.

Parent or Legal Guardian's Signature: _____

Medical Release

Family Health Insurance Company: _____

We/I request that you accept the application for enrollment of _____ in the 2009 Cornell College Baseball Hitting Camp during the dates set forth in this application. In consideration of your acceptance of the application we/I hereby release Cornell College and all its employees and the camp staff from all claims on account of any injuries which may be sustained by our son while attending the 2009 Cornell College Baseball Hitting Camp. We/I agree to indemnify Cornell College and its employees and camp staff for any claim which may hereafter be presented by our/my son as a result of any such injuries. I authorize the camp staff of the 2009 Cornell College Baseball Hitting Camp to act according to their best judgment in any emergency requiring medical attention.

Signed (Parent/Legal Guardian) _____ Date _____

Parents' Names (Printed) _____

Phone in case of emergency
Home: _____ Work: _____ Cell: _____

Send this registration and completed medical release form, plus check payable to Cornell College, to:

Cornell College
Head Coach Frank Fishler
600 First Street SW
Mount Vernon, IA 52314