

This is an opportunity for baseball players to work on their pitching skills and compete against their friends at the same time.

WNCC coaches and players will be coaching pitchers on their technique and helping them develop good skills.

2012 WNCC Baseball Winter Pitching League



Pitching League

**Mondays for five weeks beginning Feb. 27, March 5
March 19, March 26, April 2)**

Times: 6 p.m., 7 p.m., 8 p.m.

(The schedule will be emailed to you when league is full)

Ages: 10 - 18 years-old

Cost: \$50 per individual, 2 to a team, limit of 24 teams

(Please indicate you team members, or you will be placed on a team)

**Location: WNCC Indoor Baseball Facility,
Comm Shop #6, 1209 2nd Ave., Scottsbluff.**

**For more information, contact Cougar Baseball Coach Mike Jones at
308-635-6198 (office) or jonesm@wncc.net (e-mail).**

WNCC Cougar Baseball Pitching League Registration Form

Name: _____
Street Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Email: _____
Age: _____ Grade: _____
School: _____
Date of Birth: _____ Social Security # _____

WNCC requires that each student report their social security# when registering. The college is required to have your social security# to file certain information returns with the IRS and to furnish a statement to you. No unauthorized person will have access to this information and federal law requires us to safeguard it.

Parent's Name: _____
Contact in case of emergency:
Name: _____
Phone: _____

Please note any medical problems: _____

Camp Registration Information

- Hitting League, Mondays, Feb. 27, Mar. 5, Mar. 19, Mar. 26, April 2
 6 p.m., 7 p.m., 8 p.m.
(\$50 per individual, 2 players to a team) _____

Team Members/Team Name: _____

- Total amount enclosed _____

Make Checks payable to WNCC Baseball

Mail To:

WNCC Baseball
% Mike Jones
1601 E. 27th Street
Scottsbluff, NE 69361

*For more information, contact
Baseball Coach Mike Jones
WNCC: (308) 635-6198
Email: jonesm@wncc.net*

Waiver and Release Agreement

Upon acceptance of this application, I hereby waive and release all rights and claims for damages I may have against Western Nebraska Community College and its employees on account of any injuries or illnesses sustained by my child while attending the camp(s). I authorize the director of the baseball camp(s) or her designee to select hospital facilities and/or physicians of her/his choice and authorize treatment on an emergency basis if such treatment becomes necessary as a result of participating in the WNCC baseball camp(s). Photos of the camp may be used in newsletters or the website for promotional purposes.

Parent/Guardian Signature _____

Date _____

Policy Owner: _____

Insurance Company: _____

Policy Number: _____

Company Address: _____

No Photos Please

Camp Information

Camp Facilities — The pitching league will be held at the WNCC indoor baseball facility, located at Comm Shop 6, 1209 2nd Ave, Scottsbluff,

Medical Insurance — All campers will be required to have a signed waiver and release agreement on file before participating. All participants should be covered by personal medical insurance. See waiver and release agreement below.