

2019 WAUKEE WARRIOR BASEBALL CAMP

SATURDAY, FEBRUARY 2

SATURDAY, FEBRUARY 9

3rd - 4th GRADE: 9:00 – 11:00 a.m.

5th, 6th, 7th GRADE: 12:00 – 2:00 p.m.

LOCATION: Waukee Middle School

Gym and Waukee Hitting Facility

(Check in at WMS. Enter thru south doors)

One-day camp will focus on fundamentals of throwing, infield, outfield, hitting, and pitching. Each camper needs to bring a glove, bat, and wear appropriate clothing.

Cost: (non-refundable)

\$50 per camper (includes t-shirt)

\$75 per camper attending both days

Checks payable to **Waukee Baseball**

Sign up using Rev-Track or send registration and parent release by Jan. 25.

Dave Dirx – Baseball Coach

Waukee High School

555 SE University Avenue

Waukee, Iowa 50263

EMAIL CONTACT:

ddirx@waukeeschools.org

WAUKEE BASEBALL PROGRAM

Class 4A State tourney appearances

2014

2015 (semi-finalists)

2016 (semi-finalists)

2017 (semi-finalists)

2018

Waukee Baseball since 2012

13 – All State selections

10 – Senior all-star selections

217-73 Record

Clinicians

Dave Dirx (Head Coach)

19 years of head coaching experience

Career record :489-196, 217-73 at Waukee

5 time district coach of the year

State coach of the year in 2003

9 state tournament appearances

Assistant Coaches - years of experience

Cale Weaver - 24 years

Ben Twigg – 22 years

Shawn Beenken - 10 years

Aaron Barber – 17 years

Sean Obrien – 13 years

REGISTRATION

NAME: _____ GRADE: _____

ADDRESS: _____ EMERGENCY PHONE: _____

PARENT NAME: _____ PARENT EMAIL: _____

T-SHIRT SIZE: YS YM YL S M L XL DATE: 2nd ____ 9th ____ Both ____

PARENT RELEASE AND INDEMNITY AGREEMENT

I, hereby request that you accept the application for enrollment of _____ (participant's name) in the Waukee Baseball Camp during the dates of February 2 and/or February 9. I exempt all employees from all claims on account of injuries sustained by my child while attending the 2019 Waukee Baseball Camp. I agree to indemnify the Waukee Baseball Camp and Staff, Waukee School District, and all their employees for any claim presented by my child as a result of any such injuries.

Date _____ Signed _____ Phone _____

(Parent or Legal Guardian)