

THROWING CAMP

Dear local baseball players,

NMMI Baseball will be enrolling small groups of campers aged 14-18 in a Throwing Camp. Due to the current pandemic, this camp will be designed to allow players to safely “ramp-up” their arms after a long lay-off.

The camp will include a proper warm-up routine, long-toss, and post-throwing routine. With the small groups required, this camp will be limited to the first 60 registered players. **NO WALK-UPS CAN OR WILL BE ACCEPTED.**

The NMMI Throwing Camp will strictly follow all State protocols (Covid Safe Practices: Summer Youth Programs).

Campers will be grouped into “pods” of 5 with one instructor. All campers must arrive 15 minutes prior to their scheduled time slot for a daily health screening. All campers will follow state mandated 6-foot social distancing guidelines before-during-after camp. Masks will be required anytime campers are not “exercising” (especially daily check-in). Due to state guidelines, no spectators will be allowed into the camp area. **ALL CAMPERS MUST PROVIDE THEIR OWN BEVERAGES** (water/powerade/etc). No sharing of equipment, beverages, snacks, etc.

ITINERARY/TIME SLOTS AVAILABLE

Must Arrive 15 min early		Camp health screening
Warm-Up routine (10 min)		
Long-Toss (20-30 min)		
Post-Throw (5-10 min)		
MONDAY & WEDNESDAY PODS		
Pods 1-2-3	4-5pm	June 8/10 June 15/17
Pods 4-5-6	5:30-6:30pm	June 22/24 June 29/July 1
TUESDAY & THURSDAY PODS		
Pods 7-8-9	4-5pm	June 9/11 June 16/18
Pods 10-11-12	5:30-6:30pm	June 23/26 June 30/July 2

For more information, please contact:

Chris Cook

cook@nmmi.edu

PH: 575-302-5971

PRE REGISTER FOR CAMP

ALL CAMPERS MUST SIGN A WAIVER FORM & COVID-19 RELEASE FORM BEFORE PARTICIPATING

4 Week Cost (8 sessions): \$100

Refund Policy: *No refunds will be made due to players missing their scheduled dates.* If weather or schedules cause a change/cancellation, alternate dates will be announced.

Please complete the information below, and email to cook@nmmi.edu.

PLAYER NAME _____ AGE _____ D.O.B. ____ / ____ / ____
 CONTACT CELL PHONE _____ CURRENT SCHOOL _____
 CONTACT EMAIL (print clearly) _____
 PARENT SIGNATURE _____ INSURANCE Company: _____
 INSURANCE Policy # _____ DATE _____

TIME SLOT CHOICES: PLEASE LIST YOUR TOP TWO CHOICES (#1, #2)

Monday/Wednesdays (4pm _____, 5:30pm _____) **Tuesday/Thursday** (4pm _____, 5:30pm _____)

* All participants are required to wear a mask for check-in, bring their own beverages/snacks, have proof of primary insurance coverage a **SIGNED COVID-19 RELEASE FORM AND A SIGNED CAMP WAIVER FORM!**