



2026 Chi Hi Baseball Camp

Dates: Sunday, March 29th & April 19th

****All Registration forms are due by March 25, 2026****

LOCATION- Chippewa Falls Senior High – Enter at Cardinal Doors

Session 1: 10:00 am – Noon each day

This session is designed for students **ages 7-10**. *Fundamental skills* of hitting and pitching will be emphasized. Each player will participate in 2 hitting sessions and 2 throwing/pitching sessions.

Cost: \$50 per player (includes camp t-shirt) Checks can be written to “Chi Hi Baseball”

Session 2: 12:30 pm – 2:30pm each day

This session is designed for students **ages 11-14**. Skills, drills, and terminology used at the high school level for pitching and hitting will be the primary emphasis. Each player will participate in 2 hitting sessions and 2 pitching sessions.

Cost: \$50 per player (includes camp t-shirt) Checks can be written to “Chi Hi Baseball”

REGISTRATION

Detach the bottom portion of this paper and return (with payment) to:

Chi Hi Baseball

C/O Mitch Steinmetz

10870 County Highway S

Chippewa Falls, WI 54729

Camp fee is non-refundable. **No confirmation of acceptance in camp will be sent.**

All registrations are accepted.

Rain or shine – mark your calendars with dates / times.

Questions, please email or call Mitch Steinmetz – 715-828-3181 or steinmmw@chipfalls.org

Participant Name: _____

Age: _____ Session (circle one): 1 OR 2

T Shirt Size: YM, YL, S, M, L, XL

I do hereby release the Chippewa Falls High School and camp personnel from all liability, including claims or suits in law or equity related to any bodily injury (including but not limited to) loss of life, accident, or loss (personal property or other). Furthermore, I realize the risks involved as a camp participant and I understand that I am responsible to pay, or otherwise cover through my insurance, any medical or hospital expenses, doctor bills or other expenses which could be incurred as a result of treatment given for illness or injury incurred while attending or subsequent to attending the Chippewa Falls Baseball Camp. I hereby authorize the staff of the Chippewa Falls High School Baseball Camp to act for me according to their best judgment in any emergency requiring medical attention.

Parent/Guardian Signature: _____

Parent Phone Number: _____