



2018-2019
University of St. Thomas
 Coach John Tschida's
Camp of Champs!!!



22x MIAC Conference Champions, 5 x World Series Participants Invite You to Camp!



4-DAY ON-GOING SOFTBALL CLINICS FOR:

HITTING & DEFENSE: 3:00-5:30 PM (\$35 per date)

PITCHING OR CATCHING: 5:45-8 PM (\$30 per date)

DATES ARE ON SUNDAYS:

DECEMBER 9

JANUARY 6

JANUARY 27

FEBRUARY 3

Hitters learn:

- *4 movements consistent w/ all great hitters!
- *How to REALLY hit a rise, drop, change, etc.
- *How to maximize power w/ proper lower body movements. Upper body efficiency.

Catchers learn:

- *How to trim pop to pop time dramatically
- *Blocking, bunt defense, leadership, etc.

Pitchers Learn:

- *Body angles for velocity development.
- *The easy way to develop a rise, drop, etc.
- *Mastering the zone vertically & horizontally to keep hitters off balance.

Fielders Learn:

- *How to develop quicker hands, quicker feet
- *Strong & accurate throws from angles

Come work with the coaches who have won conference, regional, & national championships!

Players may sign up for 1 or all of the sessions offered. Each session will cover new material, but also have a short review of the most important topics of the previous sessions. A blend of skill development, drills, video modeling and instruction!

Coaches include current and former players and coaches who have experienced outstanding success at the high school and college levels.

Please email jbtschida@stthoms.edu with any camp questions. We will e-mail you your confirmation once your application has been accepted. John Tschida-651-324-4152



**Coach John Tschida's
Camp of Champs!!!**



Name: _____

Address: _____

City: _____ State: _____

Zip: _____ E-mail _____

CELL: _____ Emergency Contact: _____

Each Session date is
CIRCLE THE SESSION(S) YOU ARE SIGNING UP FOR:

HITTING & DEFENSE SESSION(S): = \$35 per date
DECEMBER 9 JANUARY 6 JANUARY 27 FEBRUARY 3

PITCHING SESSION(S): = \$30 per date
DECEMBER 9 JANUARY 6 JANUARY 27 FEBRUARY 3

CATCHING SESSION(S): = \$30 per date
DECEMBER 9 JANUARY 6 JANUARY 27 FEBRUARY 3

Insurance Company: _____ Policy #: _____

PARENT AGREEMENT AND INDEMNITY AGREEMENT

We (or I) hereby request that you accept this application for the **2018-19 Camp of Champs** during the dates marked. Upon your acceptance of this application, we (or I), whether one or more, hereby release Cheetah's Championship SB & BB, Inc., John Tschida, University of St. Thomas, and all their respective employees and coaches from all claims on account of any injuries which may be sustained by our (or my) son or daughter while attending **Camp of Champs**. We (or I) agree to indemnify Cheetah's Championship SB & BB, Inc., John Tschida, University of St. Thomas and all its employees for any claim which may hereby be presented as a result of such injuries. We (or I) also authorize the coaching staff to call medical personnel to treat our (or my) son or daughter in the event of illness or injury.

Parent/Guardian Signature: _____ Date _____

Make checks payable to:

Cheetah's Championship SB & BB, Inc. 406 Duke Street • St. Paul, MN 55102

Please email **jbtschida@stthoms.edu** with any camp questions. We will e-mail you your confirmation once your application has been accepted. **John Tschida-651-324-4152**