

# 2020 WAUKEE WARRIOR BASEBALL CAMP

SATURDAY, FEBRUARY 1  
5<sup>th</sup>, 6<sup>th</sup>, 7<sup>th</sup> GRADE: 9:00-9:45am or  
10:00-10:45am.

SATURDAY, FEBRUARY 8  
3<sup>rd</sup>, 4<sup>th</sup> GRADE: 9:00-9:45am or 10:00-  
10:45am.

LOCATION: Waukee Hitting Facility  
(Located by baseball field. Enter through west  
door)

**One-day** camp will focus on all aspects  
of hitting.

Camper needs to bring their own bat.

Cost: (non-refundable)

**\$25** per camper

Each session will be capped at 25.

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](mailto:ddirx@waukeeschools.org)

WAUKEE BASEBALL PROGRAM

Class 4A State touney appearances  
2014

2015 (semi-finalists)

2016 (semi-finalists)

2017 (semi-finalists)

2018

Waukee Baseball since 2012

15 – All State selections

11 – Senior all-star selections

245-86 Record

Clinicians

Dave Dirx (Head Coach)

20 years of head coaching experience

Career record : 517-209, 245-86 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 - 25 years

Ben Twigg – 23 years

Shawn Beenken - 11 years

Curt Castenson – 3 years

Sean Obrien – 14 years

## REGISTRATION

NAME: \_\_\_\_\_ GRADE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ EMERGENCY PHONE: \_\_\_\_\_

PARENT NAME: \_\_\_\_\_ PARENT EMAIL: \_\_\_\_\_

DATE: 1<sup>st</sup> \_\_\_\_\_ 8<sup>th</sup> \_\_\_\_\_ TIME: 9:00-9:45 \_\_\_\_\_ 10:00-10:45 \_\_\_\_\_

### 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)

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