

# Eastlake Wolves Baseball

“SPRING (BREAK) TRAINING 2018”

*Don't Miss your Chance to work with the Eastlake High School Coaches and Varsity Baseball Team!*

Coach Smith and his staff are eager to introduce Wolf Baseball to the players and families of Eastlake Little League. With the assistance of the EHS 2018 Varsity team Coach Smith will spend each day with campers, helping them hone their baseball skills and getting them tuned up for opening day. The camp will focus on the mechanics of throwing, catching, hitting, base running, bunting, sliding, defense, and pitching. Each camper will receive a Wolves Baseball T-shirt, and every day one hard-working camper will earn “Wolf of the Day”. The “Wolf of the Day” award will earn that camper a spot in the dugout at an upcoming home Varsity game.

AGES: 6-12

DATES: Monday, April 2nd through Friday, April 6th

TIME: 9:00 a.m. – 12:30 p.m.

LOCATION: Eastlake High School baseball field

COST: \$130.00 - Check made out to EHS Baseball Booster Club (T-shirt included)

EQUIPMENT: Please have your camper bring a sack lunch, baseball glove, indoor and outdoor shoes, warm clothes, and a jacket/hooded sweatshirt. If your camper is a catcher and has his/her own gear, please bring that as well.

## REGISTRATION:

Complete the form below and send it with along with a check to Eastlake Basebal Camp,  
704 228th Ave. N.E. Suite #335, Samamish, WA 98074

or log onto [www.eastlakell.org](http://www.eastlakell.org) and select SPRING BREAK CAMP to sign up online (pay via credit card).

***First 25 players to register will receive a FREE Pro Style Eastlake baseball hat like the high school players wear!***

## REGISTRATION FORM

NAME \_\_\_\_\_ AGE \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
DAY PHONE \_\_\_\_\_ EMERGENCY PHONE \_\_\_\_\_  
PARENT NAME(S) \_\_\_\_\_ EMAIL \_\_\_\_\_

\*TEE SHIRT SIZE \_\_\_\_\_

\*LITTLE LEAGUE LEVEL \_\_\_\_\_

I UNDERSTAND THAT THE “EASTLAKE BASEBALL CAMP” DOES NOT PROVIDE MEDICAL INSURANCE, NOR WILL IT BE RESPONSIBLE FOR MEDICAL EXPENSES. I HEREBY AUTHORIZE THE DIRECTORS OF THE CAMP TO ACT FOR ME ACCORDING TO THEIR BEST JUDGMENT IN ANY EMERGENCY REQUIRING MEDICAL ATTENTION, AND I HEREBY WAIVE AND RELEASE THE CAMP FROM ANY AND ALL LIABILITY FOR ANY INJURIES WHILE AT THE CAMP. I ALSO CERTIFY THAT MY CHILD IS MEDICALLY FIT TO PARTICIPATE IN THIS PROGRAM.

X \_\_\_\_\_ PARENT OR LEGAL GUARDIAN \_\_\_\_\_ DATE \_\_\_\_\_

Make checks payable to: EHS Baseball Booster Club

For copies of this form, visit [eastlakewolvesbaseball.com](http://eastlakewolvesbaseball.com).

If you have any questions, please e-mail [frank.smith@comcast.net](mailto:frank.smith@comcast.net) or Jamey Davis, [triplestdad@comcast.net](mailto:triplestdad@comcast.net).

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