

Eastlake Wolves Baseball

“Spring (BREAK) Training 2019”

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 2019 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 8th through Friday, April 12th

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

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 Baseball Camp,
704 228th Ave. N.E. Suite #335, Samamish, WA 98074

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

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.

If you have any questions, please e-mail frank.smith@comcast.net or Jamey Davis, triplestdad@comcast.net.

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