



2009 SUMMER BASEBALL CAMP

June 15 through July 2 (3 weeks)

Mondays, Tuesdays, Wednesdays, Thursdays

9:00 AM – 1:00 PM at Clayton Valley High School

Cost: One Week \$150; Two Weeks \$275; Three Weeks \$350

The summer baseball program is great for the youth player looking to improve his/her skills and best prepare for future baseball endeavors. Players will receive ongoing evaluation as well as experience with the proper drills to maximize their practice sessions. Players will be instructed and coached by Clayton Valley High Baseball Coach Bob Ralston, his staff, and current and former players. Attendance during the subscribed sessions is not mandatory. Players can attend according to their own schedules but will receive the best instruction if they can plan to attend the full session.

Players will need to bring a bat, mitt, a lunch, and wear suitable attire. Players will receive a T-shirt and a hat at the end of camp. For more information visit www.eaglebaseballacademy.com

If you have any questions or want to inquire about family or team discounts please call Bob Ralston at 925-682-7474 x3115. Please make checks payable to Eagle Baseball Academy. Mail this form and payment to:

Eagle Baseball Academy
968 Tiffin Drive, Clayton, CA, 94517

2009 Summer Baseball Camp

I hereby authorize the Eagle Baseball Academy to act for me in any emergency requiring medical attention, and hereby waive and release the school and academy from any liability for any injuries and illnesses incurred by my child while attending the program. I acknowledge that my child has had physical exam by a qualified physician within the last year and is able to participate in rigorous physical activity. I authorize the use of any photography which might feature my child to be used in the Academy's website or brochures.

My Player will attend: Week 1 June 15-18 Week 2 June 22-25 Week 3 June 29-July 2

Player Name: _____

Player Age: _____ Player Birth Mo/Yr: _____

Address: _____ City: _____ Zip: _____

Insurance Carrier: _____ Policy #: _____

Home Phone #: (____) _____ E-Mail Address: _____

Emergency # 1: (____) _____ Emergency # 2: (____) _____

Parent Name (print): _____ Parent Signature: _____