

EAST COBB BASEBALL TRY-OUT CLINICS for 2011 teams

Instructors will include former college players who have played within the East Cobb Baseball organization, high school & college coaches, and East Cobb Baseball coaches. Be a part of nationally know East Cobb Baseball, winners of 146 national championships. Please visit our website at www.EastCobbBaseball.com

Dates: **Ages 8-13** **August 7th & 8th, 2010** **Registration deadline: Aug. 1st**
 Ages 14-18 **August 14th & 15th** **Registration deadline: Aug. 8th**

Cost: **\$100 pre-registration** **\$125 late registration** Attention Check Writers: We gladly accept your checks. When you provide a check as payment, you authorize us to use information from the check to make a one-time electronic fund transfer from your account, or to process the payment as a check transaction. You authorize us to collect a \$30 fee (plus a bank fee charged to the merchant if allowed by the state of GA) through electronic fund transfer from your account if you payment is returned unpaid. Please include the following information on your check: Drivers License #, Full name, street address and phone #.

It is very important that you pre-register in order for the player's name to be placed on the coach's evaluation sheet.

Location: East Cobb Baseball Complex- For directions, please go to www.EastCobbBaseball.com

Age: Players age as of **4/30/11** – **IF YOU WISH TO TRYOUT FOR A DIFFERENT AGE GROUP, YOU MUST INDICATE THAT ON THE FORM BELOW**

Questions: Contact Jeff Guy at 678-238-1032 ext 102 or Dennis Jordan ext 101

<u>Age as of 4/30/11</u>	<u>Dates</u>	<u>Times</u>	<u>Field #</u>
8	8/7 & 8/8	9:00 - 1:00	8
9	8/7 & 8/8	9:00 - 1:00	7
10	8/7 & 8/8	1:00 – 5:00	7
11	8/7 & 8/8	9:30 - 1:30	4
12	8/7 & 8/8	1:30 - 5:30	4

Please note that due to the large number of players trying out, the 13 and up age groups have been split alphabetically into two groups.

13	A-K	8/7 & 8/8	10:00 - 2:00	5
13	L-Z	8/7 & 8/8	2:00 - 6:00	5

Please note that due to the large number of players trying out, the 13 and up age groups have been split alphabetically into two groups.

14	A-K	8/14 & 8/15	9:00 - 1:00	5
14	L-Z	8/14 & 8/15	1:00 - 5:00	5
15	A-K	8/14 & 8/15	9:00 - 1:00	2
15	L-Z	8/14 & 8/15	1:00 - 5:00	2
16	A-K	8/14 & 8/15	9:30 - 1:30	1
16	L-Z	8/14 & 8/15	1:30 - 5:30	1
17-18	A-K	8/14 & 8/15	10:00 - 2:00	3
17-18	L-Z	8/14 & 8/15	2:00 - 6:00	3

Please complete the registration form below and mail with check for \$100 (\$125 if after the deadline) to: East Cobb Baseball 111 N. Lakeside Dr. NW Kennesaw, GA 30144.

Name: _____ Telephone # _____ shoe size _____

Address: _____ Age as of **4/30/11** _____ Birthdate _____

City/State/Zip: _____ Cell or work # _____

Email address: _____

Emergency contact: _____ Telephone # _____

I hereby request and grant permission to the instructors and officials of the East Cobb Baseball clinic to provide care to my child in the event of injury or illness if I am not present. Such care may include, but shall not be limited to, first aid treatment, transporting to a medical facility or the summoning of emergency assistance. I the undersigned parent or appointed guardian of the above named child, do hereby agree to indemnify and hold harmless ECB, Inc DBA East Cobb Baseball and its officials, managers, coaches, and assistants from all liability for the above named child's activities of any nature with said association. I acknowledge that participation in this clinic and related activities involves an inherent risk of physical injury, and on behalf of the registrant, hereby assume all such risk and do hereby release and forever discharge ECB, Inc. and all agents thereof from any and all liability of whatever kind of nature, arising from and by reason of any and all known and unknown, foreseen and unforeseen bodily and personal injuries, damage to property, and the consequences thereof, resulting from this registrant's participation in or involvement with this clinic, including any failure of equipment or defect on or in the premises.

SIGNATURE OF PARENT/GUARDIAN: _____

_____ Relationship _____ Date _____