

EAST COBB BASEBALL TRY-OUT CLINICS for 2009 teams

Receive 8 hours of instruction while trying out. Instructors will include former college players who have played within the East Cobb Baseball organization, high school coaches, and East Cobb Baseball coaches. Be a part of nationally know East Cobb Baseball, winners of 121 national championships. Visit our website at www.EastCobbBaseball.com

Dates: **Ages 8-13** **August 16th & 17th, 2008** **Registration deadline: Aug. 9th**
 Ages 14-18 **August 23rd & 24th** **Registration deadline: Aug. 18th**

Cost: **\$100 pre-registration** **\$125 late registration**
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: 4617 Lee Waters Rd. Marietta, Ga. 30066
 Please do not mail registration to this address: see mailing address below.

Age: Players age as of **4/30/09** – **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 4/30/09</u>	<u>Dates</u>	<u>Times</u>	<u>Field #</u>
8	8/16 & 8/17	9:00 - 1:00	8
9	8/16 & 8/17	9:00 - 1:00	7
10	8/16 & 8/17	1:00 – 5:00	7
11	8/16 & 8/17	9:30 - 1:30	4
12	8/16 & 8/17	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	8/16 & 8/17	10:00 - 2:00	5
13	L-Z	8/16 & 8/17	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	8/23 & 8/24	9:00 - 1:00	5
14	L-Z	8/23 & 8/24	1:00 - 5:00	5
15	A-K	8/23 & 8/24	9:00 - 1:00	2
15	L-Z	8/23 & 8/24	1:00 - 5:00	2
16	A-K	8/23 & 8/24	9:30 - 1:30	1
16	L-Z	8/23 & 8/24	1:30 - 5:30	1
17-18	A-K	8/23 & 8/24	10:00 - 2:00	3
17-18	L-Z	8/23 & 8/24	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 # _____
 Address: _____ Age as of **4/30/09** _____ Birthdate _____
 City/State/Zip: _____ Cell or work # _____
 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 _____