



Grissom Fields of Dreams

Helping to make your baseball dreams come true!

2010 Fall Baseball Instructional League

WHO. Fall Ball is for kids who play baseball or would like to play and want to increase their knowledge of the game.

WHAT. Fall Ball is an instructional baseball program that focuses on teaching fundamental baseball skills. At each practice there will be both volunteer coaches and former professional baseball players/instructors present to teach/ and assist with the coaching of the players. The ultimate goal of the program is to let teams play more games, try out new players, experience players at other positions improve the baseball skills of every participant and to have fun doing it.

WHEN. Fall Ball will run from September through about November, with one practice through the week Monday – Friday) and one game on the weekend (Saturday or Sunday).

WHERE. Practices will be at the Grissom Fields of Dreams and the games will be at the Grissom Fields of Dreams and other Area parks.

Grissom Fields of Dreams
1355 SIGMAN ROAD, CONYERS GA 30012

COST. Registration for individual players who will be ages 9 through 12 is \$250.00 and 13 and 14 \$300.00 (includes Uniform: Cap and team Shirt)

(Age is determined by birth date as of April 30, 2011)

Register today by phone or mail checks payable to:

Grissom Fields of Dreams
#257 1025 Veterans Memorial Hwy Ste 310
Mableton, GA 30126

Phone: 770 745 1244 / Fax: 770 460 8641 / E-mail: trinderlyn@mgba.org

All fees are Non-Refundable after Tryouts August 28, 2010

1355 Sigman Road *Conyers, Georgia 30012*Phone: 770-745 1244



Grissom Fields of Dreams

Helping to make your baseball dreams come true!

2010 Fall Baseball Instructional League

Registration and Important dates

Coaches Meeting: Saturday, August 14 at 2 p.m.

Phone (Phone - 9am -5pm Monday - Friday) Registration: Wednesday, July 28 - Friday, August 17

Onsite Registration Starts:

Saturday, August 7 thru Friday August 17, 2010

Tryouts: Saturday, August 28 from 10:30 a.m. until 3 p.m.

Draft: Sunday, August 29 from 3 p.m. until 5 p.m.

Practices Start: Monday, August 30

Season Starts: Saturday, September 11

Season Ends: Saturday, November 13



GRISSOM FIELDS OF DREAMS

FALL BASEBALL INSTRUCTIONAL LEAGUE

Being held at Grissom Fields of Dreams

1355 Sigman Rd Conyers, Georgia 30012

Program Overview

The instructional league will focus on the following:

- Hitting Drills & Mechanics
- Dynamic Flexibility and Strength Training
- Pitching
- Infield Play and Outfield Play
- Catching
- Base Running
- Practice Development Progression and Drills
- Problem Identification and Adjustment
- Psychological Aspects of Baseball

Optional Videotape Analysis

**Ages 9 – 18 years old
Tryouts**

August 28, 2010
10:30 A.M. – 3:00 P.M.

\$50.00

Gatorade will be provided

Important camp notes:

- Players should wear baseball pants, t-shirt, cleats and a baseball cap.
- Players should bring their glove, bat and batting helmet.
- While we will have some bats for the kids to use, we will not have gloves or helmets.

MGBA, INC Baseball Camps Registration Form

Name _____ Age _____ DOB _____
 Address _____ City _____ State _____ Zip _____
 Parent's Names _____ Home Phone _____
 School Attending _____ Grade _____

Please make checks payable to MGBA,INC and send to:

1400 Veterans Memorial HWY Suite 134 #257
Mableton, GA 30126

Online payment option:

Print and complete this form fax to 770 460 8641
Pay online at www.mgba.org

Parent Release and Indemnity Agreement

We/I hereby request that you accept the application for enrollment of

in the MGBA,INC Camps during the dates set forth in the application and in consideration of your acceptance of the application, we/I release the MGBA,INC Camps staff, coaches and players from the claims on account of injuries which may be sustained by our/my son while participating in the MGBA, INC Camps. In addition, We/I hereby give the medical staff on the MGBA, INC Camps permission to admit our/my son for emergency care at the local hospital should an injury deem this necessary.

Date _____
 Signed _____
 Insurance Co. _____
 Policy Number _____

For additional information – 770 745 1244