



MARQUIS GRISSOM SPRING BREAK BASEBALL CAMP BEING HELD AT GRISSOM FIELDS OF DREAMS

1355 Sigman Rd Conyers, Georgia 30012

Ages 7 – 18 years old

April 4 – 8, 2011

April 11 – 15, 2011

9 A.M. – 3:00 P.M.

\$200.00 A week

After care 3pm to 6pm \$20 extra a day

Concession open daily

Competition skills on Friday

Prizes awarded

T-shirts for all campers

Players Clinic Overview

The clinic will feature 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

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 _____

Address _____

City _____ State _____ Zip _____

Parent's Names _____

Home Phone _____

School Attending _____ Grade _____

Are you playing on an organized team? Y N

Team Name _____

Coach's Name _____

T-Shirt Size _____

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