

FALL BASEBALL ACADEMY 2010

Championship Baseball-"The Sea King Way...class, hustle, and dedication". This a system that includes proven methods, techniques and strategies taught by a mutually committed and experienced Corona del Mar High School Sea King coaching staff to ensure a tradition of success on the playing field.

The academy will focus on improving the offensive and defensive aspects of your personal game. Instruction emphasizes fundamentals including hitting, pitching and fielding as well as improving your mental approach.

Player will all receive Sea King hats and T-shirts as well as personalized video taping reviewed with coaches. There will be various inter-squad games. Please understand that this is a camp for kids who are **SERIOUS** about improving their baseball skills.

WHERE: CORONA DEL MAR VARSITY BASEBALL FIELD

WHEN:September 20, 2010 -November 3, 2010

TIME: 3:30 p.m.-5:30 p.m. MON & WED

COST: \$450.00

AGES: This camp is designed for 7th and 8th grade players as well as 9th graders that are not currently participating in other sports.

RESTRICTIONS: The academy will be limited to the first 50 registered players(no exceptions). This is in order to maintain an excellent teacher/student ratio.

For an application or questions please e-mail John Emme at jemme@nmusd.us

FALL BASEBALL ACADEMY 2010 APPLICATION

Player's Name _____

Address _____

Grade at Camp _____ e-mail(parent) _____

Home phone _____ Mother's day phone _____

Father's day phone _____

Alternate emergency contact if parent's can't be reached: _____

I hereby authorize the Fall Baseball Academy to act for me according to their best judgment in any emergency requiring medical attention and I hereby waive and release the school from any and all liability for any injuries or illnesses incurred while at camp. I understand that I will be financially responsible for all charges and fees incurred in the rendering of said emergency treatment, regardless of whether or not my medical insurance would cover such costs. I further understand that I am required to maintain and carry accident insurance coverage for the player listed on this application, and verify that the coverage information is accurate and true. I have no knowledge of any physical impairment that would be affected by the above named player's participation in the academy program as outlined in the brochure. I also understand that the academy retains the right to use for publicity and advertising purposes, photographs of players taken at the academy.

Insurance Company _____ Policy # _____

Parent/Guardian Name(Please Print) _____

Parent/Guardian Signature _____ Date _____

Be sure to:

1. Complete application, including parent/guardian signature
2. Mail or hand deliver a \$100-**non refundable** deposit payable to

C.D.M.Baseball to:

John Emme
Fall Baseball Academy
2101 Eastbluff
Newport Beach, Ca. 92660

3. To avoid a late fee, be sure to pay your balance by Sept. 10, 2009

REMEMBER, THE ACADEMY WILL ONLY BE OPEN TO THE FIRST 50 APPLICANTS