

# 2010 INDIAN HITTING CAMP



**June 14<sup>th</sup> and 15<sup>th</sup>**

**AGES (10-14) 9:00 A.M-11:00 A.M.**

**Limited to the First 20 Applicants**

The Indian Hitting Camp is designed to teach the fundamental mechanics of hitting a baseball. The Camp includes group and individual instruction, cage hitting, on-field hitting and drills to improve these players swing. Each player will be taught how to detect common flaws in their mechanics. This camp will provide each player with a challenging, intense, and fun experience. The cost of the camp will be \$75 dollars a player. Make checks payable to Indian Summer Baseball.

**LOCATION- EAST COWETA HIGH SCHOOL BASEBALL FIELD.  
RAIN OR SHINE**

## CAMP STAFF

**ECHS HEAD COACH-FRANKLIN DELOACH  
ECHS HITTING COACH-BRANDON BLAIR  
ECHS ASSISTANT COACH-MATT EAST  
MEMBERS OF THE ECHS BASEBALL TEAM**

## INDIAN HITTING CAMP APPLICATION

NAME \_\_\_\_\_ AGE \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE (H) \_\_\_\_\_ (C) \_\_\_\_\_

EMERGENCY CONTACT \_\_\_\_\_

*For More Information Contact*

*Franklin DeLoach or*

*Brandon Blair At*

*770-254-2850 ext. 427*

[Franklin.deloach@cowetaschools.org](mailto:Franklin.deloach@cowetaschools.org)

[Brandon.blair@cowetaschools.org](mailto:Brandon.blair@cowetaschools.org)

I hereby authorize the directors of the INDIAN HITTING CAMP to act for me according to their best judgment in any emergency requiring medical attention. I hereby waive and release INDIAN HITTING CAMP from all liability. I know of no mental or physical problems that might affect my child's ability to safely participate in this camp. I will be responsible for any medical or other charges in connection with his or her attendance of the camp.

\_\_\_\_\_ Parent or Guardian name (print)

\_\_\_\_\_ Parent or Guardian signature

\_\_\_\_\_ Insurance Company

*Mail Checks to:*

*Indians Summer Baseball*

*687 Eastside School Road*

*Senoia, Ga 30276*