

# Braves Baseball Summer Day Camp



The objective of this camp is to create good basic fundamentals and improve upon the players already existing fundamentals and skills. Players will be provided instruction in the following areas: hitting, fielding, pitching, catching, and base-running. Several coaches will be instructing at this camp to provide the attendants with the best possible learning environment, giving the players the best opportunity to improve in their skills.

Dates: June 11<sup>th</sup>-14<sup>th</sup>  
@ Dick Peters Sports Complex

First Session: Ages 9-12      9am-12pm

Second Session: Ages 13-17  
1:30pm-4:30pm

Check-in: June 11<sup>th</sup>

First Session - 8:30am

Second Session – 1:00pm

Price: \$100 – Checks to be made payable to Ottawa University Baseball

Contact Coach Read to sign-up or with questions  
785-242-5200 ext. 5405

Please return to: Ottawa Braves Baseball  
1001 S. Cedar  
Box #7  
Ottawa, KS 66067

Name \_\_\_\_\_ Age \_\_\_\_\_ Birthdate \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Position(s) \_\_\_\_\_ Parent/Guardian Name \_\_\_\_\_  
Home Phone \_\_\_\_\_ Parent/Guardian Work Phone \_\_\_\_\_

I give my permission for my son to participate in the Braves Baseball Camp knowing that it will contain vigorous physical activity that could lead to injury. I hereby authorize the directors of the Braves Baseball Camp to act for me to their best judgment in any emergency requiring medical attention. I know of no mental or physical problems that affect my son's ability to safely participate in this camp. I hereby waive and release the Braves Baseball Camp.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Check Desired Session  
Session 1 \_\_\_\_\_ Session 2 \_\_\_\_\_