



August Little League Camp

WHAT: All-around baseball instruction taught by current & former pro & college players for players' ages 7 – 12.

WHEN: Monday, August 10 - Thursday, August 13; 9AM – 12PM

REGISTRATION: Parents may reserve a spot by calling Dave at (860) 539-0019, or sending an e-mail to swansonbaseball@yahoo.com

PRICE: \$225.00 for one; \$395.00 for siblings

BRING: Glove, bat, and cleats or turf shoes

WHERE: *Farmington Little League Complex, Farmington, CT*

INSTRUCTORS

Dave Swanson, Head Instructor – Former pro ballplayer – N. Y. Mets, Colorado Rockies & Boston Red Sox organizations

Jason Maule – Former pro ballplayer - N. Y. Yankees & Houston Astros organizations.

Cory Carlson – Former college pitcher – Eckerd College in Florida

Mike Cunningham – Former college pitcher - ECSU

Kyle Brown – Former college pitcher – Ohio State

Mike Perry – Current ballplayer - Post College - Waterbury

Steve Gentile – Former college outfielder – Mitchell College

Name: _____ Age: _____

Phone (h): _____ (w): _____ e-mail: _____

Address: _____ Town: _____ Zip: _____

Condition of Attendance: In consideration of Swanson's Professional Baseball Instruction LLC, allowing my child to attend, I (we), individually and as legal guardian(s) (and/or) parent(s) of _____, a minor, ("my child") do hereby release, discharge, indemnify and hold harmless Swanson's Professional Baseball Instruction LLC and its owners, directors, officers, employees, agents, successors and assigns from and against, and waive any and all claims or liabilities for, any injuries, losses or damages, including without limitation: injury to my child, myself and/or property arising out of or incident to my child's participation and/or attendance at Swanson's Professional Baseball Instruction LLC, whether caused in whole or in part by negligent act(s) or omission(s) of its owners, directors, officers, employees or agents. I do hereby authorize the staff of Swanson's Professional Baseball Instruction LLC to act for me according to their best judgment in any medical emergency for my child or myself.

DATE: _____ PARENT/GUARDIAN SIGNATURE) _____