There is a limit on the number of players in this camp. <u>Sign Up Now!</u> Any Questions: call 570 – 955 – 0471 or visit www.electriccitybaseball.com

### ABOUT THE CAMP

- → Campers, ages 8 through 12, will receive instruction (both group and individual) which will cover all aspects of the game which include: throwing, fielding, pitching, hitting, baserunning, team play, drill sequences and the mental game.
- → Each camper will receive a written analysis of performance and ability.
- → Each camper must bring a hat, glove and sneakers/turf shoes. A personal baseball bat is recommended but not required.
- $\rightarrow$  The total cost of the camp is only \$100.
- → You will be notified by email once your application has been received and processed.

There are no refunds. For more information concerning our refund policy, please visit www.electriccitybaseball.com.

Checks are made payable to: ECBSA Mail to: ECBSA 501 Wyoming Ave, Scranton, PA 18509. Deadline for camp applications is <u>March 8, 2019</u>

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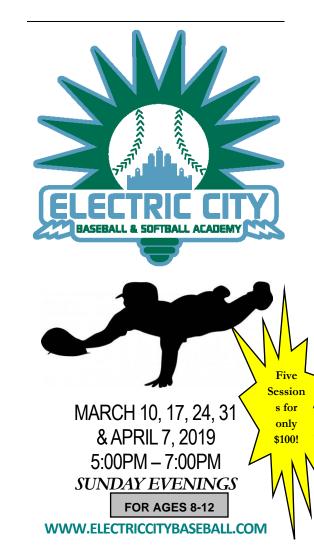
ECBSA 501 Wyoming Avenue Scranton, PA 18509 U.S.A. ELECTRIC CITY BASEBALL & SOFTBALL

ACADEMY

PRESENTS THE

# **PRE - SEASON**





#### Electric City Baseball & Softball Academy 501 Wyoming Ave. Scranton, PA 18509

The Pre-Season Little League Baseball Camp will have our academy instructors plus some the area's best baseball coaches on staff. They include:

Billy Carter Hitting/Infield Coach ECBSA

Jon Woytach Hitting/Outfield Coach ECBSA

Tyler Buckley Pitching Coach ECBSA

.....AND MORE!

## www.electriccitybaseball.com

## Sample Daily Camp Schedule

- 5:00pm Roll & Introduction
- 5:05pm Stretching & Warm-up
- 5:15pm Throwing Program
- 5:30pm Brief Talk Daily Topic
- 5:45pm Hitting Stations
- 6:20pm Defensive Stations
- 6:55pm Wrap-up & Review

#### Electric City Baseball & Softball Academy 501 Wyoming Avenue Scranton, PA 18509 Phone: 570-955-0471 Fax: 570-955-0768

Book your try-outs or practices now at the Electric City Baseball & Softball Academy's new facility! Check our website for private lesson and camp information.

#### **Our New Facility Includes**

- Fully turfed 7,000 square foot practice area
- Six batting cages (cages can be retracted for defensive work)
- ATEC armed pitching machines (throws real baseballs up to 90mph)
- Portable baseball & softball mounds
- Pro Shop (with baseball equipment & apparel)
- Parents waiting area
- Film Area
- Players Lounge

#### **Individual Cage Rentals**

- Half Hour Session \$15
- ✤ Full Hour Session \$25
- Full facility or team pricing: please call for quote

#### **Top Notch Staff of Instructors**

- All instructors have college and/or professional coaching experience
- Please see our web-site for updated biographies
- Packages available for multiple lessons and workouts

## PREPARATION LEADS TO SUCCESS

<b>ECBSA – Pre-Season LITTLE</b>	LEAGUE BASEBALL	LITTLE LEAGUE BASEBALL CAMP APPLICATION – Return with payment by 3/18/19	rn with payment by 3/18/19
Vame:	Phone:	D.O.B/Age:	
Address:		City, State, Zip:	
<b>3ats:</b> $L/R/S$ <b>Throws:</b> $L/R$ <b>Prim</b>	R Primary Fielding Position: _	Secondary:	<b>Total Price</b> : □ \$100.00
Emergency Contact Person:		Phone:	
nsurance Company:		Policy Number:	
do hereby voluntarily consent to examination and emergency service treatment, includi omponents deemed necessary in the judgment of the physician(s) and whoever may be d ead and fully understand the consent given herein. I also certify that no guarantee or as ue Electric City Baseball, LLC. The undersigned intends to be legally bound hereby.	n and emergency service treatn of the physician(s) and whoev erein. I also certify that no gu signed intends to be legally bo	vent, including the administration of such ver may be delegated as assistants of the m arantee or assurance has been made as to und bereby.	do hereby voluntarily consent to examination and emergency service treatment, including the administration of such drugs, infusion and/or transfusion of blood omponents deemed necessary in the judgment of the physician(s) and whoever may be delegated as assistants of the medical staff or nearby hospital. I certify that I have ead and fully understand the consent given berein. I also certify that no gnarantee or assurance has been made as to the results that may be obtained. I also agree not to ue Electric City Baseball, LLC. The undersigned intends to be legally bound hereby.
Disabilities or Limitations	Authorized Signature	nature Date	Relationship
tour email address (required for commination):			