



6th ANNUAL FALL INSTRUCTIONAL WOOD BAT BASEBALL LEAGUE

- OBJECTIVE:** To provide an environment for area baseball players to train and improve their skills in preparation for their upcoming season. Focus will be on development and training for spring season. **We will play only 8 games and pitchers will be on a limited pitch count with deliberate intention to protect arms and bodies.**
- ELIGIBLE:** Any area high school baseball player who is currently in 9th-12th grade
7 Teams – 10 total players per team – 5 pitchers per team
- SCHEDULE:** *Infielders-Outfielders - 5 training sessions at the Sports Academy*
Mondays, 5:30-7:30 pm, September 27 - October 25
- Pitchers-Catchers - 5 training sessions at the Sports Academy*
Tuesdays or Wednesdays, 5:30-7:30, September 28 – October 27
- Long Toss Program for pitchers at Old Duck Samford Park*
Saturday September 25 9:00-10:00 am
- Wood Bat Baseball League doubleheaders games played at Lee Scott Academy or Opelika High School*
Saturdays: October 2, 9, 16 & 23
- COST:** \$325 per player, includes Sports Academy game jersey, 5 training sessions, 1 long toss session (pitchers) and 8 games. Wood bats also included.
- REGISTRATION:** **League fills up quickly! First Come, First-Serve Basis – Limited spots available.**
Teams will be formed *no later than September 6.*
Complete application and return to Sports Academy with \$150 non-refundable deposit. Remaining balance of \$175 will be due by 1st session on September 27 or 29.
- CONTACT:** 3768 Pepperell Parkway, Opelika, AL 36801
(334) 749-4040
www.sportsacademyauburn.com
Find us on Facebook: Sports Academy (Auburn-Opelika)

2010 Fall Instructional Wood Bat League Application

Name _____

Nickname _____ Age _____ Grade: _____

T-Shirt/Jersey Size: _____ Choices: Adult S, M, L, XL

Parents/Guardians
Names _____

Address _____

Home phone _____ Player's Cell Phone _____

Parent's Email _____ Player's email _____

High School _____

Coach's Name _____ Coach's Phone # _____

Primary Position _____

Secondary Position _____

Bat: R L Both Throw: R L

Areas you would like to improve on this Fall-

Emergency Contact Name & Phone

Insurance Provider _____ Policy Holder Name _____

In the event of an emergency, I authorize any Sports Academy staff to secure from any licensed hospital, physician and/or medical personnel any treatment deemed necessary. I agree that I will be responsible for payment for any or all medical services rendered.

Parent/Guardian of Camper

**PLEASE BRING THIS REGISTRATION FORM OR MAIL IT BY SEPTEMBER 6
TO THE SPORTS ACADEMY WITH YOUR \$150 NON-REFUNDABLE DEPOSIT!**



**3768 Pepperell Parkway, Opelika, AL 36801
(334) 749-4040**



