



# Baseball & Softball Skills Camp

**SATURDAY, MARCH 17\***  
**9 AM – 3 PM**

**\*In case of rain, camp will be held on  
Sunday, March 18 from 12-6**

Who: All baseball and softball players of any skill level, ages 7-12

Where: New Duck Samford baseball fields  
(behind Mikata Steakhouse - off Glenn Avenue/Airport Road)

Staff: **Mark Fuller**, Co-Owner and Baseball Director of the Sports Academy will lead our camp. Coach Fuller is a former college coach (NC State & AU) and professional baseball player/pitcher (NY Mets & Colorado Rockies) with over 25 years of baseball experience. His staff will consist of players or coaches with high school, college or professional softball or baseball experience.

**Low camper-to-coach ratio & age-specific small groups ensures individual attention**  
**Game will be played at the end of camp**

Details: **\$75 per camper – Limited spots available – Please register early!**  
Each camper will receive a Sports Academy camp t-shirt  
Campers should bring their own glove, bat, sunscreen, drinks, snacks & lunch.  
Water will be available throughout the camp.

Pre-register no later than **Wednesday, March 14** to reserve your spot in the camp.  
Walk-ups will be accepted on the day of camp only if spots are still available.

Register: Applications can be printed at: [www.SportsAcademyAuburn.com](http://www.SportsAcademyAuburn.com)  
(334) 749-4040  
Facebook: Sports Academy (Auburn-Opelika, AL)

# REGISTRATION FOR PRESEASON BASEBALL CAMP MARCH 17, 9AM-3PM

Child Name \_\_\_\_\_

Nickname \_\_\_\_\_ Boy or girl \_\_\_\_\_

Child Age \_\_\_\_\_ T-Shirt Size: \_\_\_\_\_ Choices: Adult S, M, L, XL or Youth S, M, L

Parents/Guardians  
Names \_\_\_\_\_

Address \_\_\_\_\_

Home or Cell phone \_\_\_\_\_

Email address \_\_\_\_\_

Emergency Contact Name & Phone  
\_\_\_\_\_

Insurance Provider \_\_\_\_\_

Name of Policy Holder \_\_\_\_\_

Policy # \_\_\_\_\_ Group # \_\_\_\_\_

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 Date

**PLEASE BRING THIS REGISTRATION FORM OR MAIL IT TO THE SPORTS  
ACADEMY WITH YOUR \$25 NON-REFUNDABLE DEPOSIT  
NO LATER THAN WEDNESDAY, MARCH 14.**

**We accept Cash, Visa, Mastercard or  
checks made payable to "Sports Academy"**

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

**[www.SportsAcademyAuburn.com](http://www.SportsAcademyAuburn.com)**



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