

SPRING TRAINING



Prepare for the upcoming baseball season with the **PROS** at the Sports Academy!
Train all aspects of baseball from pitching and hitting techniques, proper mechanics, fielding and more. Rotate through various stations in small groups to insure personalized training.
You will also participate in our customized injury prevention and conditioning program that is specialized just for your specific needs depending on which position you play and your age to properly prepare your entire body for the season.



**BASEBALL SPRING TRAINING STARTS
MONDAY, Feb.2nd AND
LASTS FOR 5 WEEKS THROUGH Mar. 4th**



**SOFTBALL SPRING TRAINING STARTS
THURSDAY, Feb.12nd AT 5:30-7:30pm
LASTS THROUGH Mar. 5^h**

7-9 YEAR OLDS

MONDAYS, 5-7 PM, BASEBALL TRAINING
& WEDNESDAYS, 5:30-6:15, CONDITIONING

10-12 YEAR OLDS

TUESDAYS, 5-7 PM, BASEBALL TRAINING
& WEDNESDAYS, 6:30-7:15, CONDITIONING

**Feedback from
last year's
Spring Training...**

"Spring Training couldn't have been any better! Our son enjoyed each instructor and feels more prepared than ever for his season!"
Father of 11 year old

"I really liked the fielding clinic because our coach was great and I learned things I never knew. I had lots of fun too!"
9 year old

"The pitching exercises improved my pitching skills. I can't wait to get out on the mound this season!"
10 year old

**Feedback from
last year's
Spring Training...**

ONLY \$225 FOR THE 5 WEEK PROGRAM - 10 sessions
Call (334) 749-4040 for more details or WWW.SPORTSACADEMYAUBURN.COM
Mail or bring your completed application with \$50 non-refundable deposit to
Sports Academy no later than Jan. 19
3768 PEPPERELL PARKWAY, OPELIKA, AL 36801
LIMITED SPACE AVAILABLE - REGISTER EARLY!

SPRING TRAINING REGISTRATION

Please select your age appropriate session:

_____Ages 7-9 Mondays from 5:00-7:00 & Wednesdays 5:30-6:15

_____Ages 10-12 Tuesdays from 5:00-7:00 & Wednesdays 6:30-7:15

Child Name _____

Nickname _____ Child Age _____ Birthdate _____

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

Parents/Guardians Names _____

Address _____

Home phone _____ Cell phone _____

Email address _____

How did you hear about the Spring training? Please select all that apply: _____ Newspaper

Friend _____ Flyer around town _____ Flyer at Sports Academy _____

Email newsletter _____ Attended school last year _____

Other (please specify) _____

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 Athlete

Date

**Please mail this form or bring it to the Sports Academy with your \$50 deposit no later than Jan. 19
Midway Plaza, 3768 Pepperell Parkway, Opelika, AL 36801**



(334) 749-4040 for more information
Check out our website for details on other programs we offer
www.sportsacademyauburn.com

