

6th Annual 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, agility, speed work and more. Rotate through various stations in small groups to insure personalized training at all positions.

7-9 year olds

Mondays, 5-7 pm
Feb. 8 - March 1



10-12 year olds

Tuesdays, 5-7 PM
Feb. 9 - March 2

"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

ONLY \$175 FOR THE 4 WEEK PROGRAM - 8 hours of training
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. 26
3768 PEPPERELL PARKWAY, OPELIKA, AL 36801
LIMITED SPACE AVAILABLE - REGISTER EARLY!

SPRING TRAINING REGISTRATION

_____Ages 7-9 Mondays from 5:00-7:00
_____Ages 10-12 Tuesdays from 5:00-7:00

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: Facebook Fan Page _____ Newspaper _____
Friend _____ Flyer around town _____ Flyer at Sports Academy _____
Email newsletter _____ Attended camp or spring training previously _____
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. 26
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

Fan us on FACEBOOK



Sports Academy (Auburn-Opelika, AL)
