

# FALL HITTING SCHOOL

presented by...



*East Alabama's Premier Indoor Sports Training Facility*

**Objective:** Train on all aspects of hitting, beginning with proper form and progress to a solid foundation for hitting mechanics. Prepare hitters for upcoming season with small group instruction that allows individual attention.

**Staff:** **Mark Fuller**, Co-Owner and Baseball Director of the Sports Academy. Coach Fuller is a former college coach and professional baseball player with over 25 years of baseball experience. Other current and former professional players will be a part of the training as well.

**Who:** All players who want to improve their hitting, ages 7-12 (**7 before May 1, 2019**)

**When:** 4 weeks, 60 minutes per session

**\*Ages 7-8 Mondays from 5-6 pm, Nov. 12 - Dec.3**

**\*Ages 9-10 Mondays from 6-7 pm, Nov. 12 - Dec.3**

**\*Ages 11-12 Wednesdays from 5:30-6:30 pm, Nov.14, 21-Dec. 5, 12**

**\*(age is based on how old the player will be on May 1, 2019)**

**Tuition:** \$120 per player, includes Sports Academy t-shirt.

Only 20 hitters per session – First-Come, First-Serve! Register Early!

Parents are always welcome to stay and watch!

**Register:** Complete registration form on back no later than November 11 and bring or mail with \$50 non-refundable deposit to the Sports Academy, 3716 Pepperell Parkway, Opelika, AL, 36801. We accept Cash, Visa, MC or checks.

***Registration Deadline is November 9. First-Come, First-Serve! Limited Spaces!***

# FALL HITTING SCHOOL REGISTRATION

Please select your age appropriate session:

- Ages 7-8 Mondays from 5-6 pm, Nov. 12- Dec. 5
- Ages 9-10 Mondays from 6-7 pm, Nov. 12 - Dec. 5
- Ages 11-12 Wednesdays from 5:30-6:30 pm, Nov. 14, 21- Dec. 5,12

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 Hitting School? Please select all that apply: \_\_\_\_\_ Newspaper  
Friend \_\_\_\_\_ Flyer around town \_\_\_\_\_ Flyer at Sports Academy \_\_\_\_\_ Facebook \_\_\_\_\_  
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 Nov. 9**

3716 Pepperell Parkway, Opelika, AL 36801  
334-749-4040