



# "BORN 4 SPORTS" CAMP

Presented by...



EAST ALABAMA'S PREMIER INDOOR SPORTS TRAINING FACILITY

## *It's never too early for Fitness & Fun!*

Motor skill development is vital to the whole development of your child. Establishing that foundation in their early years contributes to a more productive, healthy and active lifestyle.

"Born 4 Sports" is a non-competitive, motor skills development program designed to introduce **4 and 5 year olds** to athletic movement, supervised exercise and socialized play with other children.

By rotating to various sports-related games and stations, "Born 4 Sports" will introduce the young athlete to the following:

Hand-eye coordination games, agility, body balance, flexibility, proper stretching, concentration, throwing, hitting & kicking movements, timing & rhythm to music, fun while exercising, social interaction, self confidence through exercise, creative expression and more!



### Fall Camp:

**October 6 – Nov. 10**



**Each camp meets for 5 consecutive weeks on Wednesdays from 4:00-4:45 pm**

**\$50 tuition per athlete per camp**

**10 children minimum, 15 children maximum per camp**

**Please invite your friends to join us!**

To register, please bring or mail completed application from our website with \$25 deposit to the Sports Academy no later than the Monday before the start of each camp. Deposit is applied to tuition and remaining tuition is due on first day of camp

Each class will be held at the Sports Academy,  
3768 Pepperell Parkway, Midway Plaza, Opelika.  
1 mile from the Auburn Mall and 1 mile from the Opelika Wal-Mart

**(334) 749-4040**

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

# REGISTRATION FOR BORN 4 SPORTS CAMP

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

Nickname \_\_\_\_\_

Child Age \_\_\_\_\_

Parents/Guardians

Names \_\_\_\_\_

Address \_\_\_\_\_

Home/ Cell phone \_\_\_\_\_ Email \_\_\_\_\_

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**



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