

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, 2018**)

When: 4 weeks, 60 minutes per session

***Ages 7-8 Mondays from 5-6 pm, Nov. 13 - Dec.4**

***Ages 9-10 Mondays from 6-7 pm, Nov. 13 - Dec.4**

***Ages 11-12 Wednesdays from 5:30-6:30 pm, Nov.15, 22-Dec. 6, 13**

***(age is based on how old the player will be on May 1, 2018)**

Tuition: \$110 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, 3768 Pepperell Parkway, Opelika, AL, 36801. We accept Cash, Visa, MC or checks.

Registration Deadline is November 10. 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. 13- Dec. 4
- Ages 9-10 Mondays from 6-7 pm, Nov. 13 - Dec. 4
- Ages 11-12 Wednesdays from 5:30-6:30 pm, Nov. 15, 22- Dec. 6,13

*(age is based on how old the player will be on May 1, 2018)

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. 10

3768 Pepperell Parkway, Opelika, AL 36801
334-749-4040