



2017 FALL INSTRUCTIONAL WOOD BAT BASEBALL LEAGUE

- OBJECTIVE:** To provide an environment for area baseball players to train and improve their skills in preparation for their upcoming season. Focus will be on development and training for spring season. **We will play 7 games and pitchers will be on a pitch count of 3 innings or 45 pitches with the intention to develop but protect their arms.**
- ELIGIBLE:** Any area high school baseball player who is currently in 9th -12th grade
4-8 Teams – 10 total players per team – 5 pitchers per team
- SCHEDULE:** *Infielders-Outfielders - 5 training sessions at the Sports Academy*
Mondays, 5:30-7:00 pm, September 18 - October 16
- Pitchers-Catchers - 5 training sessions at the Sports Academy*
Wednesday, 5:30-7:00, September 20 – October 18
- Long Toss Program for pitchers at Old Duck Samford Park (across from McAllisters)*
Saturday, September 16, 9:00-10:00 am
- Wood Bat Baseball League doubleheaders games played at Lee Scott Academy or Opelika High School*
Saturday: 9:00 am central time, **September 30, October 7, 14 & 21**
- COST:** \$375 per player, includes Sports Academy game jersey, 5 training sessions, 1 long toss session (pitchers) and 7 games. Wood bats also included.
- REGISTRATION:** **League fills up quickly! First Come, First-Serve Basis – Limited spots available.**
Teams will be formed by *September 13, 2017*
Complete application and return to Sports Academy with \$150 non-refundable deposit. Remaining balance of \$225 will be due by October 4, 2017.
- CONTACT:** 3716 Pepperell Parkway, Opelika, AL 36801
(334) 749-4040 or (334) 559-4575
www.sportsacademyauburn.com
Find us on Facebook: Sports Academy (Auburn-Opelika)

2017 Fall Instructional Wood Bat League Application

Name _____

Nickname _____ Age _____ Grade: _____

T-Shirt/Jersey Size: _____ Choices: Adult S, M, L, and XL

Parents/Guardians
Names _____

Address _____

Home phone _____ Player's Cell Phone _____

Parent's Email _____ Player's email _____

High School _____

Coach's Name _____ Coach's Phone # _____

Primary Position _____

Secondary Position _____

Bat: R L Both Throw: R L

Areas you would like to improve on this Fall-

Emergency Contact Name & Phone

Insurance Provider _____ Policy Holder Name _____

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

**PLEASE BRING THIS REGISTRATION FORM OR MAIL IT BY SEPTEMBER 13
TO THE SPORTS ACADEMY WITH YOUR \$150 NON-REFUNDABLE DEPOSIT!**



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(334) 749-4040**

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