

Lee-Scott Warrior Summer Baseball Camp

presented by



East Alabama's Premier Indoor Sports Training Facility

Monday, June 4– Thursday, June 7, 2018

9 am – 12 pm

Ages 7-12

Lee- Scott Baseball Field

In case of rain, camp will be held indoors at the LSA baseball practice facility

Objective: To offer a positive, safe, fun and educational environment for young players to enhance their baseball skills through the knowledge and experience from our highly qualified staff. Games will be held at the end of each session.

Staff: LSA's Head Coach **Jim Miksis**, Sports Academy Director of Baseball, **Mark Fuller** and the Warrior baseball team will cover basics skills and drills needed to become a successful baseball player.



\$100 per child -- Only 75 spots available – Register Early!

Campers should bring their own sunscreen, glove & bat.

Water will be available throughout the camp.

Register: Pre-register no later than **Thursday, June 1** to reserve your spot in the camp. Walk-ups will be accepted on the day of camp, if spots are still available. Send \$50 non-refundable deposit to: Sports Academy 3716 Pepperell pkwy. Opelika, AL 36801. Deposit will be applied toward your balance, which will be due on first day of camp.



Checks made payable to “SPORTS ACADEMY”

www.SportsAcademyAuburn.com or (334) 749-4040
Facebook Fan Page: Sports Academy (Auburn-Opelika, AL)

SUMMER BASEBALL CAMP, JUNE 4- JUNE 7

Child Name _____

Nickname _____

Child Age _____ T-Shirt Size: _____ Choices: Adult S, M, L, XL or Youth S, M, L

Parents/Guardians
Names _____

Address _____

Home or Cell phone _____

Email _____

Emergency Contact Name & Phone _____

Allergies or any other physical conditions that we should be aware of:

How did you hear about this Camp? (please check all that apply)

Attended previous camps _____ Newspaper _____ Website _____ Flyer around town _____

Flyer at Sports Academy _____ Friend _____ Facebook _____
other (specify) _____

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 \$50 NON-REFUNDABLE DEPOSIT
NO LATER THAN THURSDAY, JUNE 1.**

Sports Academy, 3716 Pepperell Pkwy., Opelika, Al, 36801

(334) 559-4575

www.SportsAcademyAuburn.com

