

# 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, 2020**)

When: 4 weeks, 60 minutes per session

\*Ages 7-8 Mondays from 5-6 pm, Oct.. 26 – Nov.16

\*Ages 9-10 Mondays from 6-7 pm, Oct.. 26 – Nov.16

\*Ages 11-12 Wednesdays from 5-6 pm, Oct. 28, -Nov.18

\*(age is based on how old the player will be on May 1, 2021)

Tuition: \$130 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 **October 21** 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 October 21,2020. First-Come, First-Serve! Limited Spaces!***

# FALL HITTING SCHOOL REGISTRATION

Please select your age appropriate session:

- Ages 7-8    Mondays from 5-6 pm, Oct.. 26- Nov.16  
 Ages 9-10    Mondays from 6-7 pm, Oct. 26 - Nov. 16  
 Ages 11-12    Wednesdays from 5:00-6:00 pm, Oct. 28- Nov. 18

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 \_\_\_\_\_

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 Oct. 21**

3716 Pepperell Parkway, Opelika, AL 36801

334-749-4040