

FALL PITCHING SCHOOL

presented by...



East Alabama's Premier Indoor Sports Training Facility

Objective: Train on all aspects of PITCHING, beginning with proper form and progress to a solid foundation for pitching mechanics. Prepare pitchers 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 pitching, ages 9-12 (**9 before May 1, 2020**)

When: 4 weeks, 60 minutes per session- at Sport Academy

Mondays- 5:00-6:00-ages 9-10- starts November 23-December. 7,14,21

6:00-7:00-ages 11-12- starts November 23-December. 7,14,21

Tuition: **\$130 per player.**

Only 10 pitchers 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 20** 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.

FALL PITCHING SCHOOL REGISTRATION

__ Ages 9-10 Monday from 5:00-6:00, Nov. 23- Dec. 7,14,21

__ Ages 11-12- Monday from 6:00-7:00, Nov.23-Dec. 7,14,21

Child Name _____

Nickname _____ Child Age _____ Birthdate _____

Parents/Guardians
Names _____

Address _____

Home phone _____ Cell phone _____

Email
address _____

How did you hear about the Pitching 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 Nov. 15
3716 Pepperell Parkway, Opelika, AL 36801 334-749-4040