



2020 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 8 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 - 4 training sessions at the Sports Academy*
Mondays, 5:30-7:00 pm, September 21 - October 12
- Pitchers-Catchers - 4 training sessions at the Sports Academy*
Wednesday, 5:30-7:00, September 23 – October 14
- Wood Bat Baseball League doubleheaders games played at
Duck Samford Park-East University Dr.*
Saturday: 9:00 am central time, **September 26, October 3, 10 & 17**
- COST:** \$400 per player, includes Sports Academy game jersey, 4 training sessions, 8 games. Wood bats will be available
- REGISTRATION:** **League fills up quickly! First Come, First-Serve Basis – Limited spots available.**
Teams will be formed by *September 18, 2020*
Complete application and return to Sports Academy with \$150 non-refundable deposit.
Remaining balance of \$250 will be due by October 5, 2020.
- 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)

2020 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 15 TO
THE SPORTS ACADEMY WITH YOUR \$150 NON-REFUNDABLE DEPOSIT!**



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