

OHS Bulldog Summer Baseball Camp

presented by



East Alabama's Premier Indoor Sports Training Facility

Tuesday, May 29 – Friday, June 1

8 am – 12 pm

Ages 7-12

Opelika High School Baseball Field

In case of rain, camp will be held indoors at the OHS 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: OHS Head Coach Scott Sullivan, Sports Academy's Director of Baseball, Mark Fuller and the OHS baseball team will cover basics skills and drills needed to become a successful baseball player.

Tuition: \$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 Friday, May 25 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: OHS Baseball, Opelika, AL 36801. Deposit will be applied toward your balance, which will be due on first day of camp.

Checks made payable to "Opelika High Baseball"

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

SUMMER BASEBALL CAMP, May 29- June 1

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 OHS BASEBALL
WITH YOUR \$50 NON-REFUNDABLE DEPOSIT**

NO LATER THAN FRIDAY, MAY 25.

OHS Baseball, Opelika, AL 36801

(334) 559-4575

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