

UPPER ARLINGTON HITTING SCHOOL

UPPER ARLINGTON BASEBALL IS OFFERING A FIVE WEEK HITTING SCHOOL CONCENTRATING SOLELY ON OFFENSIVE SKILLS. EACH PARTICIPANT WILL MOVE THROUGH TIMED STATIONS/DRILLS FOR APPROXIMATELY ONE HOUR - EACH SUNDAY. UA HITTING SCHOOL WILL HAVE A LIMITED NUMBER OF PARTICIPANTS TO ALLOW FOR MORE "ONE-ON-ONE" COACHING/INSTRUCTION FROM OUR EXCELLENT HIGH SCHOOL STAFF AND PLAYERS. THIS HITTING SCHOOL WILL BEGIN THE TRANSFORMATION OF YOUR SON INTO A BETTER HITTER MENTALLY AND PHYSICALLY!

HITTING SCHOOL DATES AND TIMES: (please mark an "X" UNDER appropriate age group)

<u>DATES</u>	<u>TIMES</u>	GRADES 2-3: 12:00-1:00PM (*NOTE FEB. 5 TH :5:00-6:00PM)	GRADES 4-6: 1:00-2:00PM (*NOTE FEB. 5 TH :6:00-7:00PM)	GRADES 7-8: 2:00-3:00PM (*NOTE FEB. 5 TH :7:00-8:00PM)
JANUARY 22	12-3PM			
JANUARY 29	12-3PM			
FEBRUARY 5	*5-8PM			
FEBRUARY 12	12-3PM			
FEBRUARY 19	12-3PM			

*HITTING SCHOOL WILL BE HELD AT UPPER ARLINGTON HIGH SCHOOL FRESHMEN GYMNASIUM

PLEASE DIRECT ANY QUESTIONS TO:

MATT MIDDLETON – HEAD BASEBALL COACH
MMIDDLETON@UASCHOOLS.ORG
 614-202-2010 CELL

****THIS CAMP IS NOT A FUNCTION OF UPPER ARLINGTON CITY SCHOOLS****

HITTING SCHOOL COST IS \$75. IF RECEIVED AFTER DECEMBER 31ST – COST IS \$85.

MAKE CHECKS PAYABLE TO: UA BASEBALL SCHOOL AND RETURN TO: MATT MIDDLETON
 UA HITTING SCHOOL
 1650 RIDGEVIEW RD
 UPPER ARLINGTON, OH 43220

Camper Name: _____ Grade: _____ Age: _____

Address: _____ City: _____ Zip: _____

Mother Name: _____ Cell: _____ Email: _____

Father Name: _____ Cell: _____ Email: _____

Best Contact number during camp: # _____ Name: _____

T-Shirt Size: YOUTH: Large ADULT: Small Medium Large X-Large

(please circle size above)

I give permission for my child to attend the UA Baseball Hitting School. I understand that all requirements and directions are given for their benefit and safety. My child is physically capable of participating in all activities without restriction. I release UA Schools, the baseball camp staff, and all employees from any injuries incurred during camp. I realize that the camp does not provide insurance and that I am solely responsible for any financial obligations, which might be incurred as a result of injuries related to the camp. THIS CAMP IS NOT A FUNCTION OF UPPER ARLINGTON CITY SCHOOLS!

X _____ PARENT (PRINT) DATE: _____
X _____ PARENT (SIGN)