



Learn the Fundamentals



Pitching: Develop proper techniques to increase speed and accuracy.

Hitting: Develop main components of a short, compact swing.

Fielding: Learn to perform a quick, smooth catch and accurate throw.

Summer Camp Dates

July 5-8	July 25- 29
July 11-15	Aug 1-5
July 18-22	Aug 8-12

Time:

9:00 AM – 3:00 PM

Campers should report to Storm Baseball Academy

Lunch Plan: \$40 a week for a meal (pizza) and a drink per day

Equipment:

Athletic attire, rubber cleats, sneakers, glove, hat, sun block and batting gloves

Enrollment:

Please complete the registration form to the right. You will be notified by a member of the Storm Baseball Academy confirming your registration.

Prices: Opening week - 4 day special

\$200 July 5-8 Only \$295 per week

Refund Policy:

A written cancellation must be received 2 weeks prior to 1st day of camp in order to receive your refund.

Player's First Name: _____ Last Name: _____

Street Address: _____

Phone Number _____ Age: _____ Grade: _____

E-mail: _____

Registration Request:

Camp Dates: July 5-8 (**\$200** special) July 18-22 Aug 1-5
 (Check all that apply) July 11-15 July 25- 29 Aug 8-12

Lunch Program: Yes No

Emergency Phone Number: _____

Please Circle Size Required For T-Shirt:

YS YM YL YXL AS AM AL AXL

Please make checks payable to:

Storm Baseball Academy

Mail completed form,
with payment, to:

Storm Baseball Academy
45 Cherry Valley Ave.
West Hempstead, NY 11552

DISCOUNTS (receive up to \$70)

Players can receive \$10 off for
each one of the following:

- If player registers by April 1st
- For each additional registered week.
- For each additional sibling sign up.

Rain or Shine Indoor Facility

Storm Baseball Academy will be utilized if inclement weather occurs.

Parental Consent

My son/daughter is in good health and has my full permission to participate in a vigorous camp program. He/She has no previous sickness, illness, disease, or bodily injury that is contradictory to participation. I fully understand that physical injury may occur during the course of camp activities. I acknowledge that our insurance coverage will be the primary insurance, and the Storm Baseball Academy's insurance will be secondarily responsible only for baseball/softball related injuries. I also understand that Storm Baseball Academy, Inc. is not responsible for the loss of any personal items and give my permission to use any individual photograph taken at camp in conjunction with publicity.



Signature of Parent or Guardian

Date