

SPRING BREAK CAMP

2017

MIRACLES BASEBALL ACADEMY

6823 Theall Rd., Unit C Houston, TX 77066

(281) 440-6325 ♦ www.MiraclesBaseball.com

Camps@Miraclesbaseball.com ♦ LIKE US ON FACEBOOK!



Camp Instructors:

Mike Harris: Former Coach, Scout & Player: White Sox and Cardinals, College Coach
Ryan Clyde: Former College Star, & **David Harris:** Blue Jays Player, **Others**
Special Guest Pro or College Coach: TBA

Student Holiday Camp (Ages 7-18) Mon Feb 20 Special Guest Coach *TBA* (9am-3pm) \$50
Baseball Camp (Ages 5-14 & Ages 15-18) March 13-17 (9am-3pm or Half Days)
Softball Camp (Ages 7-16) March 13-17 (9am-3pm or Half Days)
Lunch Included & Free Shirt!

No Drinks or Snacks Allowed In Camp

Camp Includes:
Proper Fundamentals in Hitting, Pitching, Throwing, Fielding, Bunting, Base Running, Wiffle Ball Games, Sliding, Position Specific Work, Positive Atmosphere with Sports Psychology, Fun Competitions & Dodge Ball!
SUMMER CAMPS IN JUNE, JULY, AUG

Groups Separated By Age or By Ability

Private Lessons Also Available!

What To Bring: Wear T-Shirt, Sneakers, Shorts or Ball Pants, Ball Bag with Bat, Batting Gloves, Helmet, Glove...Plus Bring an extra \$5 per day for Snacks & Drinks.

Miracles Camp Registration Form

Name _____ Age _____ Birth Date ____/____/____
 High School _____ Graduation Year _____
 Address _____
 City _____ State _____ Zip _____
 Email _____
 Phone _____ Work _____ Other _____

Please Check: \$200/Week (Full) \$175//Week (Half Days) \$50/Day: Which Days _____

Feb 20 (Student Holiday Camp! (Full Day: 9am-3pm, \$50 Half Day: 9am- Noon, \$30)

March 13-17 (Full Day: 9am-3pm, \$200), Half Day (9am- Noon or 12:30-3:30, \$175), \$50/ Day _____

Baseball Softball

Make Checks Payable to
 → MBA ←



Please Return Completed Form & Check to:
 MBA
 6823 Theall Rd., Suite C
 Houston, TX 77066

If you are registering after March 4th, please fax or email registration form to 281-440-6425 and bring original on the first day of camp.

Medical Release

I Authorize MBA/BV/NCS to consent Medical Treatment to so consent. No prior determination of life-threatening emergency or danger of serious and/or permanent injury resulting from delay of treatment need be made under this authorization. Exceptions to this are as follows: I am fully aware that any activity involving motion creates the possibility of serious injury and/or death thereby agrees to hold MBA/BV/NCS & its' employees, staff, and volunteers, harmless for any or resulting expenses incurred by my child while training at MBA/BV/NCS. I further release and discharge all rights and claims against MBA/BV/NCS & its' parties, resulting from said injury. Payment is non refundable. I have also noted below or attached in written form any health or medical problems with my child.

Parent/Guardian Signature _____ Amount Enclosed _____ Write Medical Conditions Below:

Credit Card Payment: Visa/MC # _____ Exp Date _____ CVV Code _____