

SPRING BREAK CAMP



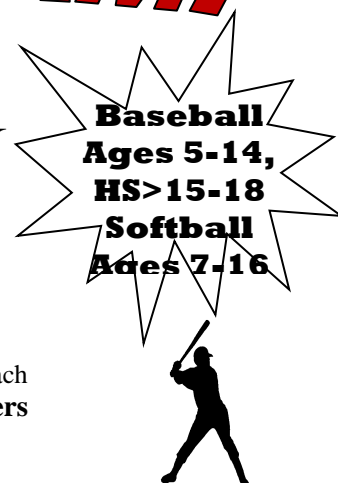
2015

MIRACLES BASEBALL ACADEMY

6823 Theall Rd., Unit C Houston, TX 77066

(281) 440-6325 www.miraclesbaseball.com

Camps@Miraclesbaseball.com



Camp Instructors:

Mike Harris: Former Coach, Scout, and Player White Sox and Cardinals, College Coach

Ryan Clyde: Former College Player, & **David Harris:** Blue Jays Player, **Others**

Softball: TBA: Former College Player (Trained Hundreds in Softball) & Others

► DAY OFF 4 SCHOOL &
DAY ON 4 BASEBALL CAMP!

► Mon, Feb 16 (Ages 7-18) (9am-3pm) \$40

Baseball Camp (Ages 5-14) March 9-13 (9am-3pm or Half Days)

Softball Camp (Ages 7-16) March 9-13 (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 16 (Day Off 4 School & Day ON 4 Camp! (Full Day: 9am-3pm, \$40 Half Day: 9am- Noon, \$30)

☐ March 9-13 (Full Day: 9am-3pm, \$200), Half Day (9am- Noon or 12:30-3:30, \$175), ☐ \$50/40 Day _____

☐ Baseball ☐ Softball

If you are registering after March 4th, please fax 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 _____

Please Make Checks Payable to
➔ MBA ➔



Please Return Completed
Form & Check to:
MBA

6823 Theall Rd., Unit C
Houston, TX 77066