



SPRING HILL COLLEGE WINTER BASEBALL CAMP

PRESENTED BY:
C.A.B. Solutions, LLC



Camp Information

Date: December 21 & 22
Ages: 5 - 14
Location: Spring Hill College Baseball Field
Hours: 9:00 A.M. - 1:00 P.M.
Cost: \$75 if registered by December 9th
\$85 after December 9th

Camp Details

Campers will learn the fundamentals necessary to become better players and introduce them to new skills that will help take their game to the next level. Campers will be instructed in all areas of the game including hitting, bunting, pitching, defense, and base running.

Camp Features

- Quality One on One & Group Instruction
- Video Skill Analysis
- Concession Stand
- Camp T-shirt if registered by December 1st
- The SHC and Competitive Advantage Experience

Coaches

Campers will be coached by members of the SHC Coaching staff, officers of C.A.B. Solutions, and collegiate student-athletes including:

- Frank Sims - SHC Head Coach
- David Weems - President of C.A.B. Solutions, former SHC all-conference shortstop
- Blake Stein - Vice-President of C.A.B. Solutions, SHC Hall of Famer, former major-league pitcher
- Andy McCall - SHC Asst. Coach

Equipment

Campers should bring bat, glove, cleats or spikes, running shoes, and hat and any other equipment they feel they need to participate in camp.

Registration

Campers are encouraged to register online at www.cab-solutions.org by completing the registration and waiver forms. Campers may also register by mailing registration, waiver, and camp fee to the address below.

Registration Form & Waiver

Name: _____ Age: _____ Rising Grade: _____

Parent Name: _____ Address: _____

Parent's Email: _____ Parent's Cell/Emergency # _____

T-Shirt Size: _____

I hereby give my consent for my son to participate in all camp activities and release Spring Hill College and C.A.B. Solutions, LLC, its coaching staff, officers, directors, agents and employees from any and all liability for personal injury arising out of my child's participation in the camp. If at any time it is necessary for the player to receive outside medical attention, I hereby give my consent to the camp staff to secure the services and arrange transportation if deemed necessary. I am also aware that I will be responsible for any and all medical expenses resulting from sickness or injury during the camp.

Parent/Guardian Signature

All checks should be made payable to C.A.B. Solutions, LLC
and mailed to:
C.A.B. Solutions, LLC
PO Box 40242
Mobile, AL 36640