

# CBA High School Baseball Camps: Winter Training

**Cleveland Baseball Academy will provide the high school player** with the critical pre-tryout training required to “make the cut!”

CBA professional coaches will prepare players for competitive high school tryouts and the upcoming spring season. These programs are for serious baseball athletes and will be directed by CBA Coach Sidoris and the CBA coaching staff.

## **FRESHMAN “A Team” primer:**

Make an impression! CBA coaches will run student athletes through drills to specifically prepare them for their 1<sup>st</sup> HS tryout, fine tune fundamentals, develop athleticism and mental focus to impress HS coaches.

**DAY:** Sunday

**TIME:** 9:00 a.m. – 11:00 a.m.

**WEEKS:** 6 weeks, Jan. 18- Feb. 22

**COST:** \$279

**LOCATION:** The Lost Nation Sports Park and Cleveland Baseball Academy 38630 Jet Center Dr. Willoughby, Oh 44094

## **“Starters Prep” for Sophomore, Juniors, Seniors**

Experienced CBA coaching staff will sharpen fundamental skills, strengthen athletic conditioning and prepare for a successful HS season and college showcase opportunities.

**DAY:** Sunday

**TIME:** 9:00 a.m. – 11:00 a.m.

**WEEKS:** 6 weeks, Jan. 18-Feb. 22

**COST:** \$279

**LOCATION:** The Lost Nation Sports Park and Cleveland Baseball Academy 38630 Jet Center Dr. Willoughby, Oh 44094

Make Checks Payable to:

CBA/LNSP ATTN: CIBL

EMAIL \_\_\_\_\_ Required for confirmation

**Payment:** Credit Card \_\_\_\_\_ exp. Date \_\_-\_\_-\_\_ visa/mc **Amount Paid \$** \_\_\_\_\_

**Name** \_\_\_\_\_ **D.O.B.** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Age** \_\_\_\_\_

**Address** \_\_\_\_\_ **City** \_\_\_\_\_ **St.** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Father’s Name** \_\_\_\_\_ **Mother’s Name** \_\_\_\_\_

**Home Phone #**(\_\_\_\_) \_\_\_\_\_ **Work #**(\_\_\_\_) \_\_\_\_\_ **Cell #**(\_\_\_\_) \_\_\_\_\_

Parent/Guardian: I request permission for my child to participate in the Cleveland Baseball Academy Inc. I represent that my child is physically able to participate, and further acknowledge that there are certain risks of injury inherent in the participation in any sport and that such an injury may occur. I hereby release and discharge Greg Sidoris, the CBA Inc., Lost Nation Sports Park and any of its employees from any and all liability, claims, demands, causes of action, of any sort arising from injury sustained to my child consequent of his/her participation at the CBA. I understand that no refunds will be given for dates or activities that my child misses.

**Parent’s Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_