Summer 2017 Baseball World Training School Registration Application

Mail this application to: Baseball World Training School, LLC
15 Dover Road
Westport, CT 06880
203.984.2500
www.baseballworldtrainingschool.com

Players Name _____ **Age** _____ **Birth Date** ____/____/____ **Weight** _____ **Height** _____

Address _____ **City, State, Zip** _____

Home Phone (_____) _____ **Cell Phone** (_____) _____ **Gender**: (circle one) **M** **F**

Email _____ **T-Shirt Size**: *youth* or *adult* size (circle one) S M L XL XXL

_____ **Physical Form** Enclosed

Payment Method: (circle one) **Cash** **Check** **Amex/MasterCard/ Visa**

Credit Card Number Expiration Date

Tuition _____ **$300/$375 per week X ____ week(s)**
_____ Credit Card Processing Fee $20
_____ Total Amount Enclosed

Sibling *Discount 10%*

PERSON TO CONTACT IN CASE OF AN EMERGENCY (Include phone number): _____

REFUND/CANCELLATION POLICY: Enclosed is the enrollment fee paid in full, for the above named student. I understand that my entire fee, less a $75 non-refundable processing fee, will be refunded if such student cancels at least two weeks prior to the first day of camp. At any time after that date, I will receive a credit minus the $75 registration fee for future instruction. I further understand there will be no refund or credit for days unattended by student. Baseball World Training School, LLC reserves the right to cancel any camp or decline any application. Permission is given to use my child's photo or endorsement for promotion.

WAIVER AND GENERAL RELEASE AND COVENANT NOT TO SUE: As parent or legal guardian for _____ (the "Participant") I hereby give my consent to Participant's contribution in Baseball World Training School, LLC to be held at Bedford Middle School, Westport, Connecticut (the "Program"). I acknowledge that participation in the program involves the risk of personal injury to Participant or others. Understanding that risk and in consideration of Participant being allowed to participate in the Program, I, on my own behalf and on behalf of Participant, Participant's heirs, administrators, executors, and assigns, hereby (i) fully release and discharge Baseball World Training School, LLC or affiliates (the "Releasee's"), from any and all claims, demands, liabilities, or causes of action of whatsoever kind of nature, in longevity or otherwise, which hereinafter may accrue against them and which in any way arise as a result of Participant's participation in the Program, regardless of whether based on fault or negligence of the Releasees, (ii) covenant not to sue any of the Releasees for any matter relating to Participant's participation in the Program, and (iii) indemnity, defend, and hold Releasees harmless from and against any and all losses, damages, costs or expenses (including attorney's fees and other costs of defense) which any of them may sustain as a result of, or in connection with, Participant's participation in the Program. I have read this Waiver and General and Covenant Not to Sue and Refund/Cancellation Policy carefully and fully understand the contents. I am aware that this is an agreement not to sue the Releasees and constitutes a complete release of liability by me and by Participant in favor of the Releasees. I acknowledge that I am signing this document of my own free will, with full knowledge of the risks being assumed which include, without limitation, the risk of injury or death to Participant regardless of how it arises and even if it results from the negligence or fault of the Releasees.

_____ _____
Parent or Guardian Signature Date

Important Medical Information Accident Insurance
Because of rising insurance costs and our effort to keep our tuition reasonable, all students must cover themselves for any injury or sickness incurred while attending Baseball World Training School. **Players must carry medical insurance in order to be accepted to the school.** Please complete the following:

Insurance Carrier's Name _____ Policy Number _____

Session Dates (Please ✓ week/weeks attending)

- ❑ **Session 1:** Week of July 3rd - 7th (4 Days) $300
- ❑ **Session 2:** Week of July 10th – 14th $375
- ❑ **Session 3:** Week of July 17th – 21st $375
- ❑ **Session 4:** Week of July 24th – 28th $375
- ❑ **Session 5:** Week of July 31st – Aug 4th $375

For Office Use Only:

Check Received: _____

Physical Form: _____

Credit Card Processed: _____

Put into Computer: _____

Location and Directions:

Wakeman Field – Behind Bedford Middle School
88 North Avenue, Westport, Connecticut

I-95 to **Exit 18** to Sherwood IS State Park. Turn left on Sherwood IS Conn. Turn left onto Post Rd E (US-1). Make quick Right onto Long Lots Rd. Turn left onto North Ave. (Four-way stop sign) Continue about a mile to second stop sign. (North Avenue/Cross Hwy Intersection) Make a right onto Cross Hwy. Continue about a 100 ft. and you'll see Wakeman Field entrance on the right.

CT-15 Merritt Pkwy Take exit **#42/CT-57** toward **WESTON/WESTPORT** stay towards Westport. Turn left on Weston Rd. Turn Left on Cross Hwy. Go straight at four way stop (North Avenue/Cross Hwy Intersection). Continue about a 100 ft. and you'll see Wakeman Field entrance on the right.

Private and group lessons are available all year long. Call for appointments.