Summer 2024 Baseball World Training School Registration Form

Please return this application to: Baseball World Training School, LLC
15 Dover Road
Westport, CT 06880
203.984.2500 | baseballworldtrainingschool@gmail.com
www.baseballworldtrainingschool.com

Please print and complete form in full

Player's Name _____ **Age** _____ **Birth Date** ____/____/____ **Weight** _____ **Height** _____

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

Home Phone (_____) _____ **Cell Phone** (_____) _____ **Gender**: ☐ **Male** ☐ **Female**

Email _____ **T-Shirt Size**: ☐ ***Youth*** ☐ ***Adult*** ☐ **S** ☐ **M** ☐ **L** ☐ **XL**

Group (✔ one): ☐ **MAJORS (11-15 yr. old)** ☐ **MINORS (8-10 yr. old)** ☐ **ROOKIES (5-7 yr. old)**

Session Dates: Please ✔ week(s) or day(s) attending

☐ **Session 1:** Week of July 1-5 (4 days) **$375**
☐ **Session 2:** Week of July 8-12 **$450**
☐ **Session 3:** Week of July 15-19 **$450**
☐ **Session 4:** Week of July 22-26 **$450**
☐ **Session 5:** Week of July 29-August 2 **$450**
☐ **Day Rate:** $95 per day - Date(s): _____

☐ **$375** ☐ **$450 per session X** _____ **session(s)** ☐ **$95 per day X** _____ **day(s)**
☐ Half Day Discount $100/week:
MORNING: 9:00AM-12:15PM - NO LUNCH
☐ Sibling Discount 10% (applied to 2nd child ONLY)

Total Amount Enclosed: _____
☐ **Physical Health Form Enclosed**

Payment Method: (✔ one) ☐ **Cash** ☐ **Check** ☐ **Amex/MasterCard/ Visa**
Payments made with a credit card or online incur a 4% fee.

Credit Card Number Expiration Date CVV Code

PERSON(S) TO CONTACT IN CASE OF ILLNESS OR AN EMERGENCY:

Name: _____ **Relationship:** _____ **(Cell) Phone** (_____) _____

Name: _____ **Relationship:** _____ **(Cell) Phone:** (_____) _____

REFUND/CANCELLATION POLICY: Enclosed is the enrollment fee paid in full, for the above named player. I understand that my entire fee, less a $75 non-refundable processing fee, will be refunded if such player 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 the player. Baseball World Training School, LLC reserves the right to cancel any camp or decline any registration form. Permission is given to use my child's photo or endorsement for promotion.

IMPORTANT MEDICAL INFORMATION & ACCIDENT INSURANCE: If your child requires medicine, please complete and submit a Parental Consent Form for administration of medication. **Please note, there is not a nurse on site and unlicensed staff may administer medication.** 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 submit a medical form and carry medical insurance in order to be accepted to the school.** Please complete the following:

Insurance Carrier's Name _____ **Policy Number** _____

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 the Participant regardless of how it arises and even if it results from the negligence or fault of the Releasees.

_____ _____
Parent or Guardian Signature **Date**

Private and Group Lessons are Available all Year Long. Call for Appointments.

Camp is located at Wakeman Field at Bedford Middle School, 88 North Ave | Westport, CT 06880