

Summer 2026 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 (check one): ☐ MAJORS (11-15 yr. old) ☐ MINORS (8-10 yr. old) ☐ ROOKIES (5-7 yr. old)

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

Full Day 9:00AM - 3:00PM

Half Day 9:00AM - 12:15PM (NO LUNCH)

☐ **Session 1:** Week of June 29-July 2 (4 days) \$375

☐ **Session 1:** Week of June 29-July 2 (4 days) **\$275**

☐ **Session 2:** Week of July 6-10 \$450

☐ **Session 2:** Week of July 6-10 \$350

☐ **Session 3: Week of July 13-17 \$450**

☐ **Session 3: Week of July 13-17 \$350**

☐ **Session 4: Week of July 20-24 \$450**

☐ **Session 4:** Week of July 20-24 \$350

☐ **Session 5:** Week of July 27-31 \$450

☐ **Session 5: Week of July 27-31 \$350**

☐ **Day Rate:** \$95 per day - Date(s): _____

Payment Method: (☒ one) ☐ Cash ☐ Check ☐ Amex/MasterCard/ Visa

**Payments made with a credit card or online incur a 4% fee.*

Total Amount Enclosed: _____

☐ **Sibling Discount, (10% off second child)**

☐ PHYSICAL HEALTH FORM ENCLOSED

Credit Card Number

Expiration Date

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 Baseball World Training School, LLC entitles me to a partial refund (minus \$100 registration fee) of my registration if I cancel **PRIOR** to the start date of the camp program. After the start date, I will receive a partial credit (minus \$100 registration fee) that can go towards future sessions or private instruction. I further understand there will be no refunds, pro-rates, or credits for days unattended by the player once camp is in session. Baseball World Training School, LLC reserves the right to cancel any camp or decline any registration form.

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) indemnify, 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.

Permission is given to use my child's photo or endorsement for promotion.

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