



The Baseball Zone Inc.
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2010 Winter Clinic Session # 3 Registration Form

Clinic: _____ Age Group: _____ Day & Time: _____

Name: _____ Date of Birth: _____ / _____ / _____
DD/MM/YYYY

| |
|--|
| Address: _____ City: _____ |
| Home Tel: _____ Cell: _____ Postal Code: _____ |
| Parent Name: _____ Parent Emerg. Tel: _____ |
| Would you like session reminders via text: Y / N? If YES who is your provider? _____ |
| <input type="checkbox"/> I have already given this information to The Baseball Zone |

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Release and Waiver of Liability:

The undersigned hereby acknowledges that participation in training and developmental programs provided by The Baseball Zone Inc. and all related activities involves an inherent risk of physical injury, and the undersigned hereby assumes all such risk and does hereby release and forever discharge The Baseball Zone Inc. and all employees, contractors, directors, coaches and agents thereof from any and all liability whatsoever, arising from and/or by reason of any and all known or unknown foreseen and/or unforeseen bodily and personal injuries, damage to property and consequences resulting from registrant's participation in or involvement with this program or otherwise.
The undersigned also acknowledges that registration is not complete until a properly completed registration form and full payment including all applicable taxes has been submitted to The Baseball Zone and that there are no refunds, credits or make-ups for any missed or unused sessions.

Signature of Player/ Parent/Guardian:
(Parent/Guardian If registrant 18 or younger) _____

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Release for Medical Treatment:

List of any conditions that The Baseball Zone Inc. and a physician(s) should be aware of:

| |
|---|
| Email: _____ |
| Credit Card #: _____ Exp: _____ |
| * - if paying by VISA or MASTERCARD and faxing to The Baseball Zone |