

ALL★STAR BASEBALL ACADEMY

ALL SKILLS PROGRAM

*****Workout Sessions are 1 hour and will include the fundamentals of throwing/pitching, hitting, fielding and conditioning*****

Group 1 **Age: 9-10**
 Time: 8am-9am Price: \$285
 Dates: 12.4,12.11,12.18, 1.8, 1.15,
 1.22, 1.29, 2.5, 2.12, 2.19, 2.26, 3.5

Group 2 **Age: 11-12**
 Time: 9am-10am Price: \$285
 Dates: 12.4,12.11,12.18, 1.8, 1.15,
 1.22, 1.29, 2.5, 2.12, 2.19, 2.26, 3.5

Group 5 **Age: 5-8**
 Time: 12pm-1pm Price: \$285
 Dates: 12.4,12.11,12.18, 1.8, 1.15,
 1.22, 1.29, 2.5, 2.12, 2.19, 2.26, 3.5

Group 3 **Age: 9-10**
 Time: 10am-11am Price: \$285
 Dates: 12.4,12.11,12.18, 1.8, 1.15,
 1.22, 1.29, 2.5, 2.12, 2.19, 2.26, 3.5

Group 4 **Age: 11-12**
 Time: 11am-12pm Price: \$285
 Dates: 12.4,12.11,12.18, 1.8, 1.15,
 1.22, 1.29, 2.5, 2.12, 2.19, 2.26, 3.5

Group 6 **Age: 5-8**
 Time: 1pm-2pm Price: \$285
 Dates: 12.4,12.11,12.18, 1.8, 1.15,
 1.22, 1.29, 2.5, 2.12, 2.19, 2.26, 3.5

Group 7 (Mondays) **Age: 13-15**
 Time: 7pm-8pm Price: \$285
 Dates: 12.6, 12.13, 12.20, 1.3, 1.10,
 1.17, 1.24, 1.31, 2.7, 2.14, 2.21, 2.28

2010-2011 All Skills Program—West Chester Academy

Name _____
 Address _____
 Phone _____
 Cell _____
 Email _____
 Age _____ DOB _____ Grad _____

Choose a Group:

- Group 1-\$285 Group 2-\$285 Group 3-\$285
 Group 4-\$285 Group 5-\$285 Group 6-\$285
 Group 7-\$285

Payment Method

Cash _____ Check _____
 CC# _____ - _____ - _____
 exp _____ sec# _____

Mail this form to ASBA 52 Penn Oaks Drive West Chester, PA 19382 Fax 610-399-8553 Phone 610-399-8050

I recognize there exists a risk of injury from the activities involved in the program, and knowingly and freely assume all such risks, both known and unknown, even if arising from the negligence of the releasees or others, and assume full responsibility for our child's participation. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, hereby release and hold harmless All Star Baseball Academy, LLC, its officers, officials, agents, employees, other participants, sponsors, advertisers, and owners and lessors of the premises ("Releasees") from any and all injury, disability, death or loss or damage to person or property whether arising from the negligence of the releasees or otherwise. I have read this release of liability and assumption of risk agreement, fully understand its terms, understand that I have given up substantial rights by signing it, and sign it freely and voluntarily without any inducement. No refunds will be granted...no exceptions.

Parent/Guardian Signature _____ Date _____

Visit our new Website www.allstarbaseballacademy.com for more information