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**Please Complete this form and Email or send with payment:**

**NY Sluggers Baseball Academy**

**728 E. 136th Street, Bronx, NY 10454**

**Tel: (718)292-1234**

**Email:** **Nycsluggers@gmail.com**

**Web: NYCSluggers.com**

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| --- | --- | --- | --- |
| **Dates:** | **Days and Time:** | **Where:** | **Cost:** |
|  Fall Season  September 3rd -November 10th Including Columbus day Weekend Tournament and possibly another tournament during the season Games either Saturdays or Sundays  | Practice days:Tues.4-6:30 pm Fielding 9u, 10U and 11U Wed. 4-6:30 pm Fielding12U and 13UFridays 4-6 p.m. Batting Practice at the Academy for 9U, 10U, 11U, 12U, 13U\*\* Practice Days can be adjusted to your schedule if necessary   | \*Batting Practice will be at NY Sluggers Baseball Academy in the Bronx\*Fielding practice will be at Randall’s Island\*Pickups and Drop offs twice during the week\*Pick up locations:East side 86th street and Park Ave. and Westside 86th street and Central Park West by the Park from 3:30 to 3:45 P.M.\*Drop offs at home | $1,800 |

Training for Every Position and Skill

Depending on your position, here are just some of the skills you will learn from our expert coaches:

**Hitting**

Approach, pitch recognition/strike zone discipline, situational hitting and bunting

**Catching**

Receiving, blocking, throwing, footwork & exchange and game calling

**Base Running**

Primary/secondary leads, proper reads, base stealing and sliding

**Infield**

Pre-pitch preparation, fielding mechanics, throwing footwork, range, double play turns and positioning

**Outfield**

Pre-pitch preparation, fly ball and ground ball technique, jumps and reads, throwing and positioning

**Pitching** Mechanics/delivery, arm care, off-speed development, PFP practice

**SLUGGERS BASEBALL ACADEMY 2019 Fall Season 9U,10U, 11U, 12U, 13U**

**Personal Information:**

Child’s Name (first, last):……………………………………………………………………… DOB:…………………………………

Street Address:……………………………………………………………………………… City:………… State:……… Zip………

Parent #1 Name: ………………………………………………………………………………………………………………………………….

Home Phone: ………………………………………………………….. Cell Phone: ……………………………………………………

Email:……………………………………………………………………………………………………………………………………………………

Parent #2 Name: …………………………………………………………………………………………………………………………………

Cell Phone: ……………………………………………………………….

Email: …………………………………………………………………………………………………………………………………………………

 **Payment Information: Full payment due with registration**

Total cost ($1,800.00 per player)

 If payment by credit card: Name on Card: ……………………………………………………….........

Credit Card #: .............................................................................Expiration................... Date: ................ Security Code: …………………………

Signature: .................................................................................................................................

 If payment by check, make payable to: **Sluggers Baseball Academy**

**Parental Consent**

Cancellation Policy: Please note that a $50.00 processing fee will be charged for any cancellation of registration prior to the start date. There will be NO REFUNDS FOR TRAVEL BASEBALL, only for Sluggers camps or pre and post season workouts. Also, once your child has attended three sessions or more of a program, NO REFUNDS will be given unless due to injury, in which case a doctor’s note is required. If your child has only attended one or two sessions and decides he or she does not like the program, a prorated credit will be applied to be used towards Slugger Academy private Lessons minus a $50.00 processing fee.

 As parent or legal guardian of the above applicant, I hereby consent to his/her participation in any and all activities in Sluggers Academy and agree to abide by all rules and regulations of the institution. In consideration of Sluggers Academy accepting this registration and permitting the participation of above applicant, which I believe would be of educational, physical and other benefits, I assume all risks and hazards incidental in participation in all activities. I hereby release, discharge, indemnify and hold harmless Sluggers Academy, its officials, coaches, representatives and all persons transporting my child/dependent to and from activities from any and all claims, actions and liability arising out of or in connection with my child’s participation in any aspect of Sluggers Academy, whether or not such injury is caused by the negligence, willful conduct or other inaction of the indemnities. I certify that he/she is in good health and able to participate in all activities and in the case of emergency affecting my child, I hereby give permission for a physician or hospital designated by Sluggers Academy to administer treatment to my child. I also understand that Sluggers Academy has a no refund, ONLY a credit policy towards lessons to be used at the Sluggers Baseball Academy

Signature: X\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_