

## **PRIVATE LESSONS REGISTRATION FORM**

IF MULTIPLE STUDENT LESSONS, EACH STUDENT MUST COMPLETE A REGISTRATION FORM

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Parent/Guardian Name: \_\_\_\_\_ Email: \_\_\_\_\_  
Emergency Contact Number: \_\_\_\_\_

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### **Lesson Information**

Baseball: \_\_\_ Softball: \_\_\_ Requested Instructor: \_\_\_\_\_  
Type of Lesson (i.e. pitching, hitting, fielding, etc.): \_\_\_\_\_  
Concerns/Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Number of Lessons: \_\_\_\_\_ (For more than 12, please call for Special Pricing)  
Total Price: \_\_\_\_\_

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### **Payment Method**

Cash: \_\_\_\_\_ Check: \_\_\_\_\_ Gift Certificate: \_\_\_\_\_  
Credit Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
Name on Card: \_\_\_\_\_ Signature: \_\_\_\_\_

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### **Parental Authorization**

I hereby authorize the staff at the Sandlot Baseball Academy to act in their best judgment in any emergency situation requiring medical attention. I agree to waive and release the Sandlot Baseball Academy and its staff from any and all liability for any injuries, losses or damage while attending a Sandlot Baseball Academy Clinic, Lesson, or Program. I further state that the participant listed above is physically able to participate in the above listed clinic, lesson or program.

Signature Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_