

\*\*all fields are required

Team affiliation: \_\_\_\_\_

Child's Name \_\_\_\_\_ Child's Birthdate \_\_\_\_\_

Emergency Contact & Relation \_\_\_\_\_

Dad # wk: \_\_\_\_\_ hm: \_\_\_\_\_ cell: \_\_\_\_\_

e-mail address: \_\_\_\_\_

Mom # wk: \_\_\_\_\_ hm: \_\_\_\_\_ cell: \_\_\_\_\_

e-mail address: \_\_\_\_\_

## Medical Waiver and Release of Liability

Whereas \_\_\_\_\_ (ballplayer) has a desire to participate in various activities and workouts at the Player Development Strategies / Baseball Solutions facilities and the undersigned player fully understands the risk involved and that it is possible for participants to sustain serious injury during the course of said exercises and workouts. Now therefore, in consideration of the opportunity to participate in the aforementioned exercise and workouts, I fully covenant not to sue and forever discharge PLAYER DEVELOPMENT STRATEGIES LLC, its officers, coaches, managers, trainers, physicians, players, as well as other PLAYER DEVELOPMENT STRATEGIES LLC, heirs and next of kin for any and all loss or damage and any claims or demands therefore on account of all injury to the person or property or resulting in the death of the undersigned, whether caused by negligence or otherwise.

I give my consent and approval for the participation of my child in *PDS / Baseball Solutions training* and activities. I certify that my child is physically fit to take part in all activities. I release Player Development Strategies LLC, Baseball Solutions, its officers, and staff from all responsibility in case of accident or injury. I HAVE READ THE ABOVE WAIVER AND RELEASE AND FULLY UNDERSTAND ITS CONTENTS

X \_\_\_\_\_ date \_\_\_\_\_

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### **\$20 Monthly Individual hitting membership for "Team Partnership" members Take over 100 swings per day - 10 tokens x 12 pitches**

Baseball Solutions would like to extend to you the opportunity to purchase a monthly individual hitting membership for only \$20 per month (\$49 value) while your team participates in the "Team Partnership" program. This fee is separate from your "team fee" and will be billed to your credit card. First \$20 payment is due when you sign up for the membership. You will be billed on the first of each month. Upon the conclusion of your "Team Partnership" program, the monthly fee will increase to the advertised rate of \$49. Cancel anytime by sending e-mail to [info@baseballsolutions.com](mailto:info@baseballsolutions.com)

#### **Credit card authorization**

I have read and understand the information provided by *Baseball Solutions* regarding my enrollment in the \* \$20 monthly individual hitting membership. I authorize *Player Development Strategies, DBA Baseball Solutions* to debit my credit card in the amount of \$ 20 on the 1<sup>st</sup> of each month. This fee will increase to \$49 and recur until I notify *PDS / Baseball Solutions* of my intent to terminate.

**VISA**

**MASTERCARD**

**AMERICAN EXPRESS**

Credit card # \_\_\_\_\_ exp \_\_\_\_\_ zip \_\_\_\_\_