

BASEBALL SOLUTIONS

512.844.8105

www.baseballsolutions.com

Participation Agreement

Ball players name: _____ Dad _____ Mom _____

Semester enrolled: Fall / Winter (Aug-Jan) Spring / Summer (Feb-July)

Parent e-mail: _____

Player e-mail: _____

Contact #'s: cell _____ wk _____ hm _____

Credit card authorization

I have read and understand the information provided by *Baseball Solutions* regarding my enrollment during the above-mentioned semester. I have a financial obligation to *Baseball Solutions* for the entire amount of **\$1500** for training services and facility membership. I understand that the entire **\$1500** is due at this time, but I am choosing to make monthly installments.

I authorize *Baseball Solutions* to debit a one time amount of \$_____ and then begin monthly payments of **\$250** per month to satisfy my financial commitment for my sons participation (rather than pay the entire amount owed upfront). I authorize *Player Development Strategies, DBA Baseball Solutions* to debit my credit card.

VISA

MASTARCARD

AMERICAN EXPRESS

Credit card # _____

Expiration _____ Zip code _____

X _____ date _____

Authorization signature

*In the event that Baseball Solutions is unable to process my monthly fee transaction on or before the 5th of each month due to an "error" code returned by the company or bank issuing my card, I acknowledge that Baseball Solutions reserves the right to charge a \$25 late fee. In the event that Baseball Solutions is unable to process my monthly fee during a calendar month, I acknowledge that Baseball Solutions reserves the right to debit the delinquent amount the following month.

**In the event that Baseball Solutions is unable to collect the full amount listed above, I understand that my delinquent account will be turned over to a collection agency.

Medical Release

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 *PDS / Baseball Solutions* authorities, officers, and staff from all responsibility in case of accident or injury.

Child's Name _____ Child's Birthdate _____

Emergency Contact & Relation _____ # _____