

# BASEBALL SOLUTIONS

512.844.8105

www.baseballsolutions.com

## \$49

### Monthly individual hitting membership

Ball players name: \_\_\_\_\_ Dad \_\_\_\_\_ Mom \_\_\_\_\_

Parent e-mail: \_\_\_\_\_

Player e-mail: \_\_\_\_\_

Contact #'s: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

#### Credit card authorization

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

VISA

MASTERCARD

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 5<sup>th</sup> 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 \_\_\_\_\_ # \_\_\_\_\_