

# GATORBALL

## BASEBALL ACADEMY

352-379-2999 – 6750 NW 16<sup>th</sup> St. Suite A – Gainesville, FL 32653– www.gatorballtraining.com

### Off-Season Training Registration Form

#### Personal Information

Player Name: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Player Cell: \_\_\_\_\_ Dad Cell: \_\_\_\_\_ Mom Cell: \_\_\_\_\_

Email (parents): \_\_\_\_\_

Parent Name(s): \_\_\_\_\_

#### Please check package(s) you are registering for:

##### Advanced Hitting School:

Session 1: \_\_\_\_\_ Cost: \$225  
Session 2: \_\_\_\_\_ Cost: \$225  
Both 1 & 2: \_\_\_\_\_ Cost: \$400

##### Hitting School:

Session 1: \_\_\_\_\_ \$120  
Session 2: \_\_\_\_\_ \$120  
Both 1 & 2: \_\_\_\_\_ \$200

##### Advanced Pitching School:

Session 1: \_\_\_\_\_ Cost: \$225  
Session 2: \_\_\_\_\_ Cost: \$225  
Both 1 & 2: \_\_\_\_\_ Cost: \$400

##### Pitching School:

Session 1: \_\_\_\_\_ \$120  
Session 2: \_\_\_\_\_ \$120  
Both 1 & 2: \_\_\_\_\_ \$200

##### Advanced Catching School:

Session 1: \_\_\_\_\_ Cost: \$225  
Session 2: \_\_\_\_\_ Cost: \$225  
Both 1 & 2: \_\_\_\_\_ Cost: \$400

##### Catching School:

Session 1: \_\_\_\_\_ \$120  
Session 2: \_\_\_\_\_ \$120  
Both 1 & 2: \_\_\_\_\_ \$200

##### Advanced Infield School:

Session 1: \_\_\_\_\_ Cost: \$225  
Session 2: \_\_\_\_\_ Cost: \$225  
Both 1 & 2: \_\_\_\_\_ Cost: \$400

##### Infield School:

Session 1: \_\_\_\_\_ \$120  
Session 2: \_\_\_\_\_ \$120  
Both 1 & 2: \_\_\_\_\_ \$200

**Assumption of Risk and Release of Claims Statement:** I acknowledge that I have chosen to enroll my child in Gatorball Baseball Academy and that this activity may expose them to risks, known and unknown, or personal injury that could be painful, permanently disfiguring or debilitating and fatal. I recognize and accept the exposure and freely assume these risks and their consequences, which may also include potential for property loss or damage. It is my intention by this instrument to exempt Gatorball Baseball Academy, instructors, or employees from liability for personal injury, property damage, or wrongful death, whether or not caused by negligence occurring to my child arising as a result of engaging in Gatorball Baseball Academy or any activities incidental there to or however the same may occur.

**I acknowledge that we currently carry medical insurance.** I give my consent for my child to receive emergency medical treatment in the event of injury or illness and agree to be responsible for all costs associated with their transportation and treatment.

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

Print Name: \_\_\_\_\_