



# ALL AMERICAN ★ BASEBALL ACADEMY

## 12 AND UNDER REGISTRATION FORM FOR 2010-2011

PLEASE PROVIDE A WORKING EMAIL ADDRESS. HERE: \_\_\_\_\_

Player's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Current Grade: \_\_\_\_\_ Parent or Guardian: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

Emergency Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_

If paying by check, please list your check number: # \_\_\_\_\_ If paying by credit card, please supply the following information:

Date of transaction: \_\_\_\_\_ Amount: \_\_\_\_\_ Check one: \_\_\_\_\_ Mastercard: \_\_\_\_\_ Visa Expiration date: \_\_\_\_\_

Card #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ CVC# \_\_\_\_\_ Authorized Signature: \_\_\_\_\_

Cardholder acknowledges receipt of goods and/or services in the amount of the total shown hereon and agrees to perform the obligations set forth in the cardholder's agreement with the issuer.

**WAIVER OF LIABILITY:** In signing this application, I/we release All American Baseball Academy, Inc. and other involved parties/organizations from any and all claims or responsibilities for injuries suffered by the participant while at the Academy or during programs. I understand that injuries are occasionally a part of athletics and I authorize the Directors and staff to act on my behalf, according to their best judgement in an emergency or when medical attention is required.

Parent/Guardian's Signature: \_\_\_\_\_ Health Ins.Co.: \_\_\_\_\_ Policy #: \_\_\_\_\_

Are there any other problems we should be alerted to? \_\_\_\_\_

PROGRAM	OFF-SEASON 2010	PRICE
<b>Elite Junior Academy Program</b> (Ages 10-12) 15 wks, Mon and Thurs. 4:00 - 5:30 PM (Mon. 11/1/2010 to 2/24/11) This program will meet for 30 sessions and will cover offensive and defensive skills by position, baseball conditioning and speed and quickness. It is modeled after our acclaimed year round traing program for ages 13 to 18. <b>For more info call:215-672-7500.</b>		\$895.00 _____
<b>Little League Clinic</b> (Ages 7-10) Six week program 5:30 - 6:30 PM FRIDAYS (starts 11/5/10, off 11/26/10 to 12/17/10.)		\$175.00 _____
<b>Little League Clinic</b> (Ages 11-12) Six week program 6:30 - 7:30 PM FRIDAYS (starts 11/5/10, off 11/26/10 to 12/17/10.)		\$175.00 _____
<b>ELL1 NOVEMBER 2008 TUESDAYS FOR 6 WEEKS. (11/2/2010 through 12/7/2010)</b>		
<b>(Elite 1)*</b> Little League Travel/Hitting and/or Pitching Clinics (Ages 8 -12)Tuesdays 4:00 PM to 4:45 PM for 6 wks.		\$180.00 _____
*Coach Vivian will give you a reservation code. Enter it here! _____ circle: "Hitting" or "Pitching"		
<b>(Elite 1)*</b> Little League Travel/Hitting and/or Pitching Clinics (Ages 8 -12)Tuesdays 4:45 PM to 5:30 PM for 6 wks.		\$180.00 _____
*Coach Vivian will give you a reservation code. Enter it here! _____ circle: "Hitting" or "Pitching"		
<b>PRE-SEASON 2011</b>		
<b>ELL2 JANUARY 2011 TUESDAYS FOR 6 WEEKS. (1/4/2011 through 2/8/2011)</b>		
<b>(Elite 2)*</b> Little League Travel/Hitting and/or Pitching Clinics (Ages 8 -12)Tuesdays 4:00 PM to 4:45 PM for 6 wks.		\$180.00 _____
*Coach Vivian will give you a reservation code. Enter it here! _____ circle: "Hitting" or "Pitching"		
<b>(Elite 2)*</b> Little League Travel/Hitting and/or Pitching Clinics (Ages 8 -12)Tuesdays 4:45 PM to 5:30 PM for 6 wks.		\$180.00 _____
*Coach Vivian will give you a reservation code. Enter it here! _____ circle: "Hitting" or "Pitching"		
<b>ELL3 FEBRUARY 2009 TUESDAYS FOR 6 WEEKS. (2/15/2011 through 3/22/2011)</b>		
<b>(Elite 3)*</b> Little League Travel/Hitting and/or Pitching Clinics (Ages 8 -12)Tuesdays 4:00 PM to 4:45 PM for 6 wks.		\$180.00 _____
*Coach Vivian will give you a reservation code. Enter it here! _____ circle: "Hitting" or "Pitching"		
<b>(Elite 3)*</b> Little League Travel/Hitting and/or Pitching Clinics (Ages 8 -12)Tuesdays 4:45 PM to 5:30 PM for 6 wks.		\$180.00 _____
*Coach Vivian will give you a reservation code. Enter it here! _____ circle: "Hitting" or "Pitching"		
*(You must call Coach Vivian at 215-674-0904 to make a reservation and circle: "Hitting" or "Pitching)		
<b>PRE-SEASON HITTING (PHC) AND PITCHING AND CATCHING (PPC) CLINICS 4-WEEK PROGRAMS (Ages 8-12) JAN. 2011</b>		
<b>(PHC-1)</b> Hitting - Mondays 5:30 PM - 6:30 PM - January 3, 10, 17, 24, 2011		\$150.00 _____
<b>(PPC-1)</b> Pitching and Catching - Fridays 5:30 PM-6:30 - PM January 7, 14, 21, 28, 2011		\$150.00 _____
<b>PRE-SEASON HITTING (PHC) AND PITCHING AND CATCHING (PPC) CLINICS 4-WEEK PROGRAMS (Ages 8-12) FEB. 2011</b>		
<b>(PPC-2)</b> Pitching and Catching - Mondays 5:30 PM - 6:30 PM - January 31, 2011, February 7, 14, 21, 2011		\$150.00 _____
<b>(PHC-2)</b> Hitting - Fridays 5:30 PM-6:30 PM - February 4, 11, 18, 25, 2011		\$150.00 _____
<b>SPRING TRAINING PROGRAMS 4-WEEK PROGRAMS (Ages 8-12) MARCH 2011</b>		
<b>(STP-1)</b> Mondays 5:30 PM-7:00 PM February 28, March 7, 14, 21, 2011		\$175.00 _____
<b>(STP-2)</b> Wednesdays 5:30 PM-7:00 PM March 2, 9, 16, 23, 2011		\$175.00 _____
<b>(STP-3)</b> Fridays 5:30 PM-7:00 PM March 4, 11, 18, 25, 2011		\$175.00 _____
Deduct 10%when you sign up for 3 or more clinics or for siblings who sign up for the same clinic at the same time. ( May not be combined.)		<b>TOTAL</b> _____

To Register, complete form and mail with cc payment or check made out to:"All American Baseball Academy" c/o Sam Wernick, 404-O2 Dresher Rd., Horsham, PA 19044