



# ALL AMERICAN ★ BASEBALL ACADEMY

## 12 AND UNDER REGISTRATION FORM FOR 2014-2015

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? \_\_\_\_\_

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

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

**PROGRAM**

**NOVEMBER 2014**

**PRICE**

**THE FULL JUNIOR ACADEMY PROGRAM (AGES 10 TO 12)  
MONDAYS AND WEDNESDAYS - TWO DAYS PER WEEK**

\$995.00 \_\_\_\_\_

**THE JUNIOR ACADEMY PROGRAM - ONE DAY PER WEEK  
MONDAY OR WEDNESDAY (CIRCLE ONE)**

\$595.00 \_\_\_\_\_

The Junior Academy Program meets on: Mondays and Wednesdays from 4:30 PM. to 6:00 PM.

This 4 month program starts on Monday, November 3, 2014 and runs thru Wednesday, February 18, 2015.

(The program is off for the holidays from: 12/18/14 until starts again on 1/5/2015)

**DECEMBER 2014**

**TWO DAY WINTER HOLIDAY CAMP**

**WINTER HOLIDAY 2 DAY CAMP (Ages 7 - 12)**

Monday and Tuesday, December 29 and 30, 2014, 9:00 AM to Noon.

\$99.95

**WINTER HOLIDAY 2 DAY CAMP (Ages 7 - 12) Bring A Friend At Half Price Form**

Monday and Tuesday, December 29 and 30, 2014, 9:00 AM to Noon.

\$50.00 \_\_\_\_\_

Friends name: \_\_\_\_\_

**JANUARY 2015**

**THE FUTURE STARS PROGRAM (AGES 7 TO 10)**

Meets on Saturdays for 8 weeks. (1/10/2015 to 2/28/2015) from 12:30 PM to 1:30 PM

\$250.00 \_\_\_\_\_

**MARCH 2015**

**SPRING TRAINING PROGRAMS 4-WEEK PROGRAMS (AGES 8 -12)**

**(STP-1) Mondays** 5:30 PM-7:00 PM March 2, 9, 16, 23, 2015

\$175.00 \_\_\_\_\_

**(STP-2) Wednesdays** 5:30 PM-7:00 PM March 4, 11, 18, 25, 2015

\$175.00 \_\_\_\_\_

**(STP-3) Fridays** 5:30 PM-7:00 PM March 6, 13, 20, 27, 2015

\$175.00 \_\_\_\_\_

**MOBILE HIGH SPEED VIDEO:** May be added to your training program. For an additional \$150.00 we will capture you on our high speed video camera and analyze your actions. After reviewing your videos they will be uploaded to our AllAmericanBall network for viewing anywhere.

\$150.00 \_\_\_\_\_

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.)

**TOTAL** \_\_\_\_\_

**To register, please mail completed registration form, with cc payment or check made out to:  
"ALL AMERICAN BASEBALL ACADEMY" to Sam Wernick 404 - O2 Dresher Road, Horsham, PA 19044**