



ALL AMERICAN BASEBALL ACADEMY GIRLS SOFTBALL REGISTRATION 2009-2010

Player's Name: _____ Age: _____ Date of Birth: _____

Current Grade: _____ Parent or Guardian: _____ Phone #: _____

Address: _____ City: _____ State: _____ Zip: _____

Emergency Contact: _____ Phone #: _____

If paying by credit card, please supply the following information: Date of transaction: _____ Amount: _____

Check one: ___ Mastercard: ___ Visa Expiration date: _____ Card #: _____ - _____ - _____ - _____

Authorized Signature: _____ If paying by check enter chk. # _____

Please print your email address here: _____

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 in this program. I understand that injuries are occasionally a part of athletics and I authorize the Directors and staff to act for me according to their best judgement in an emergency and/or when medical attention is required.

Parent/Guardian's Signature: _____ Health Ins.Co.: _____

Policy #: _____ Are there any other medical or situational problems we should be alerted to? _____

FALL - 2009

Price

Girls Elite Select Prospect Program: Ages 18U Price \$1495.00 _____

(By invitation or recommendation only.)

Starts 11/4/2009 through 2/26/2010 from 4:00 PM to 5:30 PM

(Meets twice a week on Wednesdays and Fridays for one and a half hours for 15 weeks.)

Girls Junior Elite Select Prospect Program: Ages 12 -13 Price \$750.00 _____

(By invitation or recommendation only.) Starts 11/6/2009 through 2/26/2010

from 4:00 PM to 5:30 PM. Meets Fridays for one and a half hours for 15 weeks.

Girls Off-Season Training Program: Ages 8 - 12 Price \$175.00 _____

5 week program developmental program, Starts 11/7/2009 through 12/12/2009

(Off 11/28/2009 for Thanksgiving)

Meets Saturdays for one and a half hours from Noon to 1:30 PM

SPRING- 2010

Girls Spring Training Program: Ages 8 - 12 Price \$175.00 _____

Starts 3/6/2010 through 3/27/2010

Meets Saturdays for one and a half hours from Noon to 1:30 PM.

10% discount to siblings who sign up for the same clinic at the same time

-10% _____

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