



# ALL AMERICAN BASEBALL ACADEMY WINTER HOLIDAY CAMP AGES 7 TO 12

## ONE PLAYER

FOR INTERNET SPECIALS PLEASE PRINT EMAIL ADDRESS CLEARLY HERE: \_\_\_\_\_

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: If paying by check, please list your check number: # \_\_\_\_\_

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.

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

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

**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 any listed program. 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 and or when medical attention is required.

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

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

**MONDAY AND TUESDAY DECEMBER 28 AND 29, 2009 FROM 9:00 AM TO NOON**

**PRICE**

1 PLAYER

\$99.95 \_\_\_\_\_

## ADDITIONAL PLAYER AT HALF PRICE!

FOR INTERNET SPECIALS PLEASE PRINT EMAIL ADDRESS CLEARLY HERE: \_\_\_\_\_

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: If paying by check, please list your check number: # \_\_\_\_\_

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.

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

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

**DECEMBER 28 AND 29, 2009 FROM 9:00 AM TO NOON**

SECOND PLAYER \$50.00

TOTAL \_\_\_\_\_

**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**