

## Fall Hitting Camp

**Ages 12-18** 

**Program includes 8 Sessions Tuesdays • 8:30pm -10pm** 

\$270

## **2016** October 4, 11, 18, 25 November 1, 8, 15, 22

## **Training includes:**

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Professional instruction with video analysis • Proper approach to hitting • Tee work • Soft toss • Live hitting



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| Address   | City           | StateZip                 |           |  |  |  |  |
| Phone W / HCell   | e-n            | nail:                    |           |  |  |  |  |
| Payment Type:   Check (made payable to Dichiaro Baseball & Softball Academy)   Visa*   MasterCard*  |                |                          |           |  |  |  |  |
| *Card Number  | Security Code  | eExpiration Date _       |           |  |  |  |  |
| Mail to: Dichiaro Baseball and Softball Academy, 80 Carnot Avenue, Woodcliff Lake NJ 07677  |                |                          |           |  |  |  |  |
| I, individually or on behalf of my child or ward, understand that participating in lessons, camps, team workout or other activities (the programs) offered by Lou DiChiaro's Baseball & Softball Academy, Inc. (the company) entails inherent risks of physical injury, and that my participation or the participation of my child or ward could result in physical injury.                                   |                |                          |           |  |  |  |  |
| In consideration of my or my child's or ward's participation in any or all of the company's programs, I individually or on behalf of my child or ward, including my or my child's heirs and assigns, release Lou DiChiaro's Baseball & Softball Academy, Inc., its officers, employees, agents, and volunteers, from any and all claims and liabilities arising from participation in the company's programs. |                |                          |           |  |  |  |  |
| I certify that I am the parent/guardian of  |                | and that I am over the a | ge of 18. |  |  |  |  |
| Signature of parent/guardian  |                | Date                     |           |  |  |  |  |

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