



DICHIARO
Baseball & Softball
Academy

Hit Night

Monday 8-9pm



Ages 10-18

September 10, 17, 24
October 1, 8, 15, 22, 29
November 5, 12, 19, 26
December 3, 10, 17

- * 3 sessions - \$60**
- * 5 sessions - \$100**
- * 4 sessions - \$80**
- * 3 sessions - \$60**

Training includes:

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

Registration - Hit Night **Sept. Session package: \$60**
 Oct. Session package: \$100 **Nov. Session package: \$80** **Dec. Session package: \$60**

Player Name _____ Date of Birth _____
 Address _____ City _____ State _____ Zip _____
 Phone W / H _____ Cell _____ e-mail: _____
 Payment Type: Check (*made payable to Dichiaro Baseball & Softball Academy*) Visa* MasterCard*
 *Card Number _____ Security Code _____ Expiration Date _____

Mail to: **Dichiaro Baseball and Softball Academy, 80 Carnot Avenue, Woodcliff Lake NJ 07677**

Consent and Waiver

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 age of 18.

Signature of parent/guardian _____ Date _____

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