



Monday - Hit Night

Softball 7:00-8:00 pm

Baseball 8-9 pm

DICHIARO
Baseball & Softball
Academy

Ages 10-18



January 3, 10, 17, 24, 31 * 5 sessions - \$125
February 7, 14, 21, 28 * 4 sessions - \$100
March 7, 14, 21, 28 * 4 sessions - \$100
April 4, 11, 18, 25 * 4 sessions - \$100
May 2, 9, 16, 23 * 4 sessions - \$100
June 6, 13, 20, 27 * 4 sessions - \$100

Training includes:

- Professional instruction •
- Proper approach to hitting
- Tee work • Soft toss •
- Live hitting (Baseball)
- Machine (Softball)

* **Monthly package price**

B=Baseball S=Softball

Registration - Hit Night **Circle One** **B** **S** **Jan. Session package: \$125**
 Feb. Session package: \$100 **Mar. Session package: \$100** **Apr. Session package: \$100**
 May Session package: \$100 **Jun. Session package: \$100**

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 contraction of COVID-19, and that my participation or the participation of my child or ward could result in physical injury or COVID19.

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 including COVID-19.

I give permission for the release of my and/or my child/ward's photo/video to appear on the website, publications, social media pages, and/or other publicity vehicles representing Lou DiChiaro's Baseball & Softball Academy.

I certify that I am the parent/guardian of _____ and that I am over the age of 18.

Signature of parent/guardian _____ Date _____

18-01 Pollitt Drive, Fair Lawn, NJ 07410

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