

Monday - Hit Night

Softball 7:00-8:00 pm Baseball 8-9 pm

\$30_{per}

Ages 10-18

September 9, 16, 23, 30 October 7, 14, 21, 28 November 4, 11, 18, 25 December 2, 9, 16, 23, 30

*4 sessions - \$100

4 sessions - \$100

***4 sessions - \$100**

*5 sessions - \$125

Training includes:

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

B=Baseball S=Softball

$ilde{}^{ ilde{}}$ Monthly package price

Registration - Hit Night

□ Sept Session package: \$100 □ Dec. Session package: \$125	□ Oct. Session package: \$100	□ Nov, Session package: \$100
Player Name		Date of Birth
Address	City	State Zip
Phone W / H	Cell	e-mail:
Payment Type: Check (made pay	vable to Dichiaro Baseball & Softball Acc	ademy)
*Card Number	Security (Code Expiration Date
Mail to: Dichiaro Baseball and Softball Academy, 80 Carnot Avenue, Woodcliff Lake NJ 07677		

Circle One

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/quardian Date

18-01 Pollitt Drive, Fair Lawn, NJ 07410

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