

REGISTRATION INFORMATION:

Attached is the Absolute Baseball Academy & Fitness Centre Camp/Clinic registration **for which to be completed and returned with payment in full.**

Registration forms can be returned in one of the following (3) ways:

1. Complete the attached PDF form electronically (click beside each section in the form and a cursor will appear) and email it to brenley@absolutebaseballacademy.com
Please indicate in your email how you will be making your payment.
(ie: you will call in and provide a credit card number, etc)
2. Print out form and fill out information requested. Completed form can then be scanned and emailed back to brenley@absolutebaseballacademy.com or fax to (403)455-1564
(Attention: Brenley Gidney)
3. Print out and mail or drop of completed form to us @ Absolute Baseball Academy & Fitness Centre, 2255 Crowchild Trail NW, Calgary, Alberta, T2M 4S7. Please attach cheque or indicate method of payment if you are mailing the form in.

*Please make cheques payable to B.A.F. Centre Ltd.

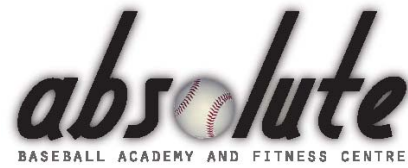
Once we have received your completed registration form and payment we will notify you.

If the above options do not work for you, we are more than happy to mail a form to your residence, if this option is required please specify in an email to brenley@absolutebaseballacademy.com or phone Brenley Gidney @ (403) 829-8655. Please don't forget to leave your full mailing address including postal code.

GENERAL INFORMATION

Payment Refund Policy BEFORE a Program has Started: We will issue Refunds on request if the Program has NOT started, **less a \$25.00 administration fee.**

Payment Refund Policy AFTER the Program has already started: A pro-rated refund will be given ONLY under the following circumstances: injury or illness which would prevent further participation. All requests for refund must be accompanied by supporting documentation. **We will issue refunds less a \$25.00 administration fee.**



REGISTRATION FORM

Current Date:

Players Name:

Date of Birth: mm/dd/yr Age:

Address:

City:

Postal Code:

Email:

Telephone:

Gender:

Name of Camp or Clinic Requested:

Camp or Clinic Date(s):

Time:

Cost:

League you are from:

Emergency Contact Name and Relation:

Emergency Contact Telephone Number(s):

Family Doctors Name and Telephone Number:

Any Allergies, Health or Behavior issues that we should be aware of:

(Please note: If your child requires a support person they are welcome to attend without charge under approval of management)

Primary Position:

Secondary Position:

Throws: Left Right

Bats: Left Right

Shirt Size:

Comments or Concerns:

I hereby declare that I am the parent/guardian of _____ and give my consent for his/her participation in all Absolute Baseball Academy (B.A.F. Centre Ltd.) Camp and/or Clinic activities. I understand that in taking part in any activity there is a risk of injury, and that my child will not be covered by any program insurance. In consideration of my child being permitted to participate in these activities, I hereby release, waive and discharge Absolute Baseball Academy (B.A.F. Centre Ltd.) from all liability for injury, loss, or damage to the person or property of my child during his/her participation. I consent to any medical attention or any other care or treatment considered necessary by the staff of Absolute Baseball Academy (B.A.F. Centre Ltd.) or other responsible adult. It is further that any false information provided for in this registration form will cause denial of participation.

****Please Note: If your Son or Daughter is not being picked up by a Parent/Guardian we will require a authorization form inorder for your child to leave the facility without you.****

Parent or Guardian Signature:

Player Signature (if over 18 years old):

X _____

X _____

Payment Type:

Cash Cheque (made payable to B.A.F. Centre Ltd.) Visa M/C Debit

****Please Note Payment is due with Camp/Clinic Registration Form****

Total Enclosed: \$

Credit Card Number:

Expiry Date:

Card Holder Signature:

GENERAL INFORMATION

Payment Refund Policy before a Program has Started:

We will issue Refunds on request if the Program has NOT started, less a \$25.00 administration fee.

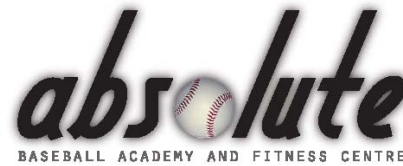
Payment Refund Policy when the Program has already started:

A pro-rated refund will be given ONLY under the following circumstances: injury or illness which would prevent further participation. All requests for refund must be accompanied by supporting documentation.

Players are asked to arrive no more than 10 minutes prior to camp or clinic due to same day activities occurring at the Academy.

Parents are asked to sign their child in and out of the clinic or camp he/she is attending.

PLAY BALL!



(B.A.F. Centre Ltd.)

2255 Crowchild Trail NW · Calgary, Alberta · T2M 4S7

P: 403. 284.4006 · F: 403.455.1564

www.absolutebaseballacademy.com

Registration is based on a first come first serve basis so register today and get ready to be the All-Star on your team this year!!!