



## Monthly All Skill and Conditioning Clinics

The Atlantic Baseball Club cordially invite *all* area players to attend the Monthly All Skills and Conditioning Clinics. The premise of the program is to provide fundamental training in the baseball disciplines for the 9U thru 13U athlete.

The monthly program meets on weekday afternoons, 5:00 - 6:30 PM commencing November 2, 2016 thru March 30, 2017.

- Weekdays 5:00 - 6:30 PM
- Cost: Non-Members - \$135.00 per month or \$600.00 \* all Five Months with 4 School Vacation Clinics.

\* Four Month Installment Plan for 5 Month Members - 3 Installments of \$225.00. Final Payment of \$200.00

### Please Circle Sessions:

Session #1: November

Session #2: December

Session #3: January

Session #4: February

Session #5: March

All Sessions

Players Name: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Shirt Size: \_\_\_\_\_

Email: \_\_\_\_\_ Print Clearly

Payment Method: Cash Check MC VISA AMEX

Name On Credit Card: \_\_\_\_\_

Amount Enclosed: \$ \_\_\_\_\_ Credit Card No. \_\_\_\_\_

Exp. Date \_\_\_\_\_ Three Digit Number On Back \_\_\_\_\_ Four Digit # AMEX \_\_\_\_\_

PARENT/GUARDIAN RELEASE STATEMENT: We (I) hereby give our (my) permission to Atlantic Baseball Club to provide medical attention to our (my) son/daughter in the event of injury or illness. We (I) hereby release the Atlantic Baseball Club and all its Employees from all claims (present or future) resulting from any injuries, which may be sustained by our (my) son/daughter while attending The Atlantic Baseball Club events.

(Parent/Guardian Sign Here) \_\_\_\_\_

Make checks payable to: The Atlantic Baseball Club, 150 Corporate Park Drive,

Suite 2100, Pembroke, MA 02359

[www.atlanticbaseballclub.org](http://www.atlanticbaseballclub.org)