



2017 Atlantic Baseball Club Fall Baseball Program

*Team Is Determined By Players Age on May 1, 2018 * A Player May Also Play Up*

Ages 11-14 Cost : \$400.00

Players Name: _____ Age on May 1, 2018: _____
Birth Date: _____
Address: _____
City: _____ State/Province: _____ Zip: _____
Cell Phone #: _____
Email: _____ Print Clearly

Shirt Size : YS YM YL YXL AXS AS AM AL AXL AXXL

Payment Method: Cash Check MC VISA AMEX

Name On Credit Card: _____

Amount Enclosed: \$ _____ Credit Card No. _____

Exp. Date _____ Three Digit Number On Back _____

- The Atlantic Baseball Club will make every effort possible to play the scheduled number of games provided by The NEAAU Fall Baseball League. A refund will not be granted for games not played due to inclement weather, lack of players, poor field conditions or situations beyond the control of The Atlantic Baseball Club.

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