



## 2011 February Group Classes Registration Form

[www.full-countbaseball.com](http://www.full-countbaseball.com)

Directed by: **Matt Belford**  
Head Coach, Elizabeth High School

### Instructional Baseball Classes for Ages 6-12

(Please print clearly)

Player's Name \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone ( ) \_\_\_\_\_

Email (1) \_\_\_\_\_ Email (2) \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Primary Position \_\_\_\_\_ Secondary Position \_\_\_\_\_

High School \_\_\_\_\_ H.S. Graduation Year \_\_\_\_\_

Group Class #1 \_\_\_\_\_ Group Class #2 \_\_\_\_\_ Group Class #3 \_\_\_\_\_

**\*Maximum (6) number of students per class**

**Your Choice: Pick only one: Hitting, Pitching, Fielding, Catching**

Please circle your choice of practice and your session and submit this form with your payment.

**Inman Sports Club, 990 Inman Ave, Edison**  
Session 2: Ages 9-12: Mon Feb 7, 14, 21, 28 4pm (Hitting Only)  
Session 2: Ages 9-12 Wed Feb 9, 16, 23, Mar 2 4pm(Hitting and Pitching Only)

**Sportsworld, 2nd Floor, 17 South Plainfield Avenue, South Plainfield**  
Session 2: Ages 6-8: Thur February 10, 17, 24 and Mar 3 4pm Hitting only  
9-12: Thur February 10, 17, 24 and Mar 3 5pm Hitting only

Ages	Day	Time	Length	Cost per session(4Classes)
9-12	Mon or Wed	4:00pm-4:55pm	55 Minutes	159.00
6-8	Thursday	4:00pm-4:55pm	55 Minutes	159.00
9-12	Thursday	5:00pm-5:55pm	55 Minutes	159.00

**Payment Method**

Payment in full is enclosed

Please charge my card for full amount. \_\_\_\_\_

\_\_\_\_\_  
Name as it appears on card

\_\_\_\_\_  
Card Number

Exp. Date \_\_\_\_\_ V-Code \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**\$25.00 Administrative Fee for Any Cancellation or Change.**  
If canceled 24 hours or less a 50% penalty will apply.  
Return this form with payment to:  
Full Count Baseball, LLC  
45 Lakeside Drive South, Piscataway, NJ 08854 or register online at [www.full-countbaseball.com](http://www.full-countbaseball.com)

**Waiver/Release Form**

I, the participant/guardian of the registrant, a minor, or an adult registrant of legal age, agree that the registrant and I will abide by the rules of the activities, I hereby release discharge, and or otherwise indemnify Full Count Baseball, its officers, coaches, managers, personnel, its affiliated sponsors, their employees, including the owners of field and facilities utilized in the league program, against any claim by one or on behalf of the registrant as a result of the registrants actions. I affirm that the registrants are in sound physical and healthy condition and that the athlete is covered by accident insurance secured independently. As parent/guardian of the registrant, I hereby give permission for the participant of the program to be transported for emergency medical care. I hereby authorize consent for emergency medical care prescribed by a duly licensed doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions necessary to preserve life, limb or well being of the dependent. I/WE HAVE READ THE AGREEMENT AND UNDERSTAND THAT I/WE GIVE UP CERTAIN RIGHTS BY VOLUNTARIOLY SIGNING IT.

\_\_\_\_\_  
Printed Name of Parent/Guardian or Adult Participant

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Our programs are for players motivated to develop and improve their skills to become better baseball and softball players and prepare for the next level with professional educators that also coach at the College and High School level.**