

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.



Directed by: Matt Belford

www.full-countbaseball.com

Lesson Type	Indoor Facility	Outdoor Facility	Lesson Type	Indoor Facility	Outdoor Facility
SEMI PRIVATE (2 - 3 Players)	\$110 / 1 Hour	\$90 / 1 Hour	PRIVATE	\$90 / 1 Hour	\$75 / 1 Hour
	\$80 / 1/2 Hour	\$65 / 1/2 Hour		\$60 / 1/2 Hour	\$50 / 1/2 Hour

All lessons are sold in packages of 4. All packages must be paid for in advance in order to hold appointments.

Player's Name _____

Address _____

City _____ State _____ Zip _____

Home Phone () _____ Cell Phone () _____

Email _____ Date of Birth _____ Age _____

Primary Position _____ Secondary Position _____

High School _____ H.S. Graduation Year _____

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 _____

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 _____

Cancellation must be done 24 hours in advance for rescheduling without an additional charge.

Return this form with payment to: Full Count Baseball, LLC
45 Lakeside Drive South
Piscataway, NJ 08854