

**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.**



**Ages 13 to 15**

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

**16 Hours of All Skills Training - Pitching, Hitting, Throwing, Infield and Outfield  
5 Coaches Every Practice! (minmum) Plus Visits from College Coaches**

**Pay Before November 15th - \$499**

**Pay After November 16th - \$599**

**8 Monday Nights • January 2 – February 27 • 4:00pm-6:00pm**

**Inman Sports Center, 990 Inman Ave. Edison, NJ • Maximum 30 players • SOLD OUT LAST YEAR!!!!**

Player's Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_ Email \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ High School \_\_\_\_\_ H.S. Graduation Year \_\_\_\_\_

Primary Position \_\_\_\_\_ Secondary Position \_\_\_\_\_

**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