

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 16 to 18

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 • 6:00pm-8:00pm

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