



#110 - 100 Braid Street
 New Westminster, BC
 V3L 3P4
 Phone: 604-525-8230

Reference No: _____

Date: _____

Bullpen Baseball & Softball School 2009 - 2010 Registration

Players Name: _____

Medical Number: _____

Parent Name: _____

Day Phone: _____

Address: _____

Evening Phone: _____

Email: _____

Program

- | | | | |
|---|----------------------------------|--|---------------------------------|
| <input type="checkbox"/> Pitching | <input type="checkbox"/> Hitting | <input type="checkbox"/> Catching | <input type="checkbox"/> Junior |
| <input type="checkbox"/> 8 Lesson Program (minimum package) | | \$124.00 + GST = \$130.20 per four weeks | |
| <input type="checkbox"/> 16 lesson program | | \$116.00 + GST = \$121.80 per four weeks | |
| <input type="checkbox"/> 28 Lesson Program | | \$110.00 + GST = \$115.50 per four weeks | |

Starting Date: _____

Day of week requested: _____

Time of day requested: _____

- Fees are payable by (check preference) Cash Cheque Visa MasterCard Debit
- A family discount of 10% for second and subsequent children applies to program fees only.
- Fees are non-refundable

Missed Lesson Policy

The Bullpen will honour one missed lesson per sixteen week program. If you have to miss a class and call me early enough we may be able to reschedule for the same week. Provided there is space available. If we can't find a space that works you will be charged for the missed lesson

We apologise for any inconveniences. Please appreciate that we must pay our instructors even if you cannot make a class.

Assumption of Risk

As a participant in the program I,

(a) understand that the training involves physical activity that could result in injury to me. I assume full responsibility for any injury or damages which may occur or be caused by me in, on or about the school's premises from any cause, including without limitation and fault of the BULLPEN BASEBALL SCHOOL, it's owners, employees and agents & completely release, discharge & agree to hold harmless from all claims, damages or other liabilities, present or future, whether known or anticipated, or for which there might be any basis, that may result from or arise out of my involvement or participation in the use or intended use of the game or the premises & equipment related there to.

(b) accept full responsibility for any damage to the premises, facility and/ or equipment caused by me.

(c) agree to inform the Bullpen staff of any medical condition or treatment that I have prior to participating in the School

Emergency Contact: _____

Phone Number: _____

Signature of participant (or parent if participant is under 18 years): _____