

LIL' SluggerZ 2009/10, Developmental Baseball Program

Registration form: Fall 2009 / Winter 2010 / Spring 2010 (circle one)

Division of play: 7 & 8 9 & 10 11 & 12 (circle one)

Session 1 2 3 4 5 6 7 8

Players name _____ DOB _____

E-mail address(required) _____ Age _____

Address _____

City _____ Zip _____

Parents names _____

Telephone #'s _____

Cell/work _____

Credit Card No. _____ exp _____

I release and hold harmless Greg Sidoris, The Cleveland Baseball Academy, The Lost Nation Sports Park, its staff, and any volunteers from any and all liabilities to me or my child as a result of attending this indoor baseball session. I also understand that my child is physically able to participate and further acknowledge that certain risks of injury may result during my child' participation. Additionally I hereby authorize a member of the CBA or its staff to transport my child to a physician or hospital should it appear to him/her that medical attention may be required. 216-691-0222

Sign _____

Amount enclosed: \$ _____ * *add \$15.00 for annual LNSP frequent flyer fee

Make checks payable to: CBA / LIL sluggerz Mail to: CBA, 1371 Cranover Rd. Lyndhurst, Ohio 44124

Session fee: \$18.00 per week (prices subject to change, please check current pricing)

Walk ups for any session if you are unregistered: \$25.00

Please pre-register by calling 440-602-4000 ext. 232

info@clevelandbaseballacademy.com