



TheSportsPlace.com / 845-358-GAME (4263)

2nd Base for Ages 7 - 9

Baseball/Softball



4-Sessions: \$159

8-Sessions: \$299

12 Sessions: \$399

24 Sessions: \$599

(Turn over for Schedule)



\$29 Registration Fee includes FREE Gift from TSP

Your child can expect...

- A relaxed and nurturing environment supervised by TSP coaches
- The fundamentals and more
 - Bat Grip, Stance & Footwork
 - Swinging through The Zone
 - Proper Throwing Mechanics
 - Fielding and 'The Ready Position'
 - And more!
- To have a great time!

Attend whenever you like to use your registered number of sessions. Make-ups must be completed within the corresponding number of weeks from the first date of your child's participation plus a 3 week grace period. For example, an 8-session enrollment expires exactly 11 weeks from the initial participation date.

Registration fees are non-refundable. Printed on recycled paper.

Schedule

Subject to Change

Tuesday 5:45 – 6:45 PM	Thursday 5:45 – 6:45 PM
9/14	9/16
9/21	9/23
9/28	9/30
10/5	10/7
10/12	10/14
10/19	10/21
10/26	10/28
11/2	11/4
11/9	11/11
11/16	11/18
11/23	--
11/30	12/2
12/7	12/9
12/14	12/16
12/21	--
12/28	12/30
1/4	1/6
1/11	1/13
1/18	1/20
1/25	1/27
2/1	2/3
2/8	2/10
2/15	2/17
2/22	2/24
3/1	3/3

Child's Name: _____ Age: _____ Birth Date: _____ M or F

Adult's Name (s): _____ E-Mail: _____

Phone (Home): _____ Cell: _____ **Classes Expire:** _____

Recognizing the possibility of physical injury associated with any organized play and in consideration for accepting the registrant for its program (the "Program"), I hereby release, discharge, and/or otherwise indemnify **THE SPORTS PLACE**, its affiliated organizations and sponsors, their employees and associated personnel, including the owners of fields and facilities utilized for the Program against any claim by or on behalf of the registrant's participation in the Program and/or being transported to or from the same, which transportation I hereby authorize. My child or ward has received a physical examination and has been found physically capable of participating in the Program. In the case of a medical emergency I hereby grant permission for my child/ward to receive medical treatment. I am aware of the policies and objectives of the Program and hereby authorize my child/ward to participate.

X _____ / /
Parent / Guardian Signature Date

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