



# BASEBALL PIF SESSION REG.



	LITTLE BOMBERS	BOMBERS BIG LEAGUE	B.A.S.E	HITTING	INFIELD	PITCHING
Member	\$185/session	\$195/session	\$304/session	\$360/session	\$360/session	
Non-Member	\$185/session	\$250/session	\$304/session	\$360/session	\$360/session	

See our EFT payment option (reverse) to get the lowest rate possible on clinics

Check Off Session - Fall 1 ( ) ; Fall 2 ( ) ; Winter 1 ( ) ; Winter 2 ( ) ; Spring 1 ( ) ; Spring 2 ( ) ; Summer ( )

## REGISTRATION BY THE SESSION

**Class:** \_\_\_\_\_ **Session:** \_\_\_\_\_

By signing this agreement you authorize The Shrewsbury Club to debit your chosen method for the selected baseball clinic. **All Baseball Clinic payments are non-refundable.**

By initialing, I agree to abide by the above terms: \_\_\_\_\_ (int.)

## MAKEUP POLICY

The Shrewsbury Club has a no makeup policy with the following exceptions: classes cancelled by The Club due to weather, facility's inability to operate or instructor illness. There will be no makeups for classes missed because of conflicting schedule or illness.

By initialing, I agree to abide by the above policy: \_\_\_\_\_ (int.)

## SESSION VOLUNTARY CANCELLATION POLICY

If you are enrolled in baseball clinics, making payments by the session, and choose to cancel mid-session no credit or refund will be issued.

By initialing, I agree to abide by the above policy: \_\_\_\_\_ (int.)

## SESSION INVOLUNTARY CANCELLATION POLICY

The only acceptable reasons for cancellation mid-session are listed below:

- If upon a Doctor's order you cannot physically or medically receive the services because of significant physical or medical disability
- If you move your residence more than twenty-five miles from the facility's principle address
- In case of life changing events: loss of job, divorce, death
- If the baseball services to be provided under this contract are not available for more than 30 days because the seller fails to open a facility equipped for the services to be rendered

Credit on account will be issued for the un-used portion of the session.

Cancellation is complete once the client receives an email confirmation from a Shrewsbury Club Management Representative. Do not assume cancellation is complete without receiving email confirmation.

**Any cancellation must be delivered in writing or by email to the Baseball Director or Business Office by the 20th day of the month.**

By initialing, I agree to abide by the above policy: \_\_\_\_\_ (int.)

## CLUB RIGHT TO CANCEL

The Shrewsbury Club reserves the right to terminate your registration when one or more of the following circumstances apply: non-payment of balance 90 days overdue, violation of club policies/privleges, or at the discretion of the Owner or General Manager for any reason. Baseball Clinic payments will not be refunded when registration is terminated. If damages to the facility/equipment occur, the participant shall be responsible for incurring any such fees.

**Child's Name:** \_\_\_\_\_ **Parent/Guardian's Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_ **DOB:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Clinic:** \_\_\_\_\_ **Day(s)/Time(s):** \_\_\_\_\_

**Session Payment:** \$ \_\_\_\_\_

**I have read and agree to the above terms:** \_\_\_\_\_

**Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_ **Printed Name:** \_\_\_\_\_

**Club Representative:** \_\_\_\_\_ **Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_ **Printed Name:** \_\_\_\_\_

## METHOD OF PAYMENT

**Card on File?** \_\_\_\_\_ **Routing #:** \_\_\_\_\_ **Checking Account #:** \_\_\_\_\_

**Credit Card Type:** \_\_\_\_\_ **Credit Card #** \_\_\_\_\_ **CVV:** \_\_\_\_\_ **Exp. Date:** \_\_\_\_ / \_\_\_\_