

BASEBALL PIF SESSION REG.



	Little Bombers	Big Bombers	Baseball Clinics	Soffball Clinics
Members	\$195/session	\$205/session	\$300/session	\$320/session
Non-members	\$195/session	\$260/session	\$345/session	\$320/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

There will be no refunds for classes missed because of conflicting schedule or illness. If you wish to make up a missed class, you must schedule it prior with the instructor. Make up classes are available as long as there is reasonable availability in a similar age and rank of class.

In the event of classes cancelled by The Club due to weather, facility's inability to operate, or instructor illness; a make up class will be provided as long as there is additional space and availability in accordance with our club wide programming schedule. Otherwise, a club credit will be applied to your account for the cancelled class.

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 martial arts 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.)

Name: _____ Parent/Guardian's Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: (____) _____ Email: _____ DOB: __/__/__

Class: _____ Day(s)/Time(s): _____

Session Payment: \$ _____ Member / \$ _____ Non-Member

I have read and agree to the above terms:

Signature: _____ Date: __/__/__

Printed Name: _____

Club Representative: _____ Date: __/__/__ Printed Name: _____

METHOD OF PAYMENT

Card on File? _____ Routing #: _____ Checking Account #: _____