



www.chasesportscomplex.com

Spring Training Baseball 2018
REGISTRATION FORM

Parent Name: _____ email address: _____

Address: _____

Phone: _____ Child's Name: _____ Age: _____

Paid by : CASH _____ , CHECK _____ , Credit Card _____

****14 WEEKS****

Starts on : Saturday January 6th, 2018 Ends on : Saturday April 7th, 2018

CHECK ONE :

_____ **Time: 9am to 10:30am..... for 8,9,10 year olds**

_____ **Time: 10:30am to 12pm.....11,12,13 year olds**

Cost : TWO CHOICES (Check one)

_____ **Registration Form & \$120.00 in FULL Per Player prior to Jan. 2nd, 2017**

OR

_____ **Register Prior to January 1st & Pay Weekly at \$10 per week per player**

Release Form:

Participating in any recreational activity poses some degree of risk, and I agree to hold the Chase Sports Complex, Epic Holdings, and all staff harmless for any damages, injuries, and possible death that may occur as a result of participation. I understand that participating in this program is done so at the participant's own risk.

Signature of Participant or Parent/Guardian if Under Age 18: _____ Date: _____

*Make checks payable to: Chase Sports LLC
22 Hudson Falls Road, South Glens Falls, NY 12803*