

Please denote desired sessions by marking a "check mark" in the appropriate column.

After School Instructional Baseball/Softball Clinic (Ages 5 - 8) \$230.00
(3:45 - 4:45pm)

	#1 (7 weeks)	#2 (7 weeks)	#3 (7 weeks)	#4 (7 weeks)	#5 (7 weeks)
Monday	<input type="checkbox"/> 9/12-10/24	<input type="checkbox"/> 10/31-12/12	<input type="checkbox"/> 1/2-2/13	<input type="checkbox"/> 2/27-4/16	<input type="checkbox"/> 4/23-6/4*
Tuesday	<input type="checkbox"/> 9/13-10/25	<input type="checkbox"/> 11/1-12/13	<input type="checkbox"/> 1/3-2/14	<input type="checkbox"/> 2/28-4/17	<input type="checkbox"/> 4/24-6/5
Wednesday	<input type="checkbox"/> 9/14-10/26	<input type="checkbox"/> 11/2-12/14	<input type="checkbox"/> 1/4-2/15	<input type="checkbox"/> 2/29-4/18	<input type="checkbox"/> 4/25-6/6
Thursday	<input type="checkbox"/> 9/15-10/27	<input type="checkbox"/> 11/3-12/15*	<input type="checkbox"/> 1/5-2/16	<input type="checkbox"/> 3/1-4/19	<input type="checkbox"/> 4/26-6/7
Friday	<input type="checkbox"/> 9/16-10/28	<input type="checkbox"/> 11/4-12/16*	<input type="checkbox"/> 1/6-2/17	<input type="checkbox"/> 3/2-4/20	<input type="checkbox"/> 4/27-6/8

* 6 weeks
6 weeks - \$195

No class the week of 4/2

*No Class on 5/28

FIRST COME FIRST SERVED - CLASS LIMIT 36 PLAYERS

Mini Slugger Program (Ages 3-5) \$180.00

Please Check The Appropriate Boxes

	#1 (5 weeks)	#2 (5 weeks)	#3* (4 weeks)	#4 (5 weeks)	#5 (5 weeks)	#6 (5 weeks)	#7 (6 weeks)
Mon.	<input type="checkbox"/> 9/12-10/10	<input type="checkbox"/> 10/17-11/14	<input type="checkbox"/> 11/28-12/19	<input type="checkbox"/> 1/2-1/30	<input type="checkbox"/> 2/6-3/12	<input type="checkbox"/> 3/19-4/23	<input type="checkbox"/> 4/30-6/4*
Tues.	<input type="checkbox"/> 9/13-10/11	<input type="checkbox"/> 10/18-11/15	<input type="checkbox"/> 11/29-12/20	<input type="checkbox"/> 1/3-1/31	<input type="checkbox"/> 2/7-3/13	<input type="checkbox"/> 3/20-4/24	<input type="checkbox"/> 5/1-6/5
Wed.	<input type="checkbox"/> 9/14-10/12	<input type="checkbox"/> 10/19-11/16	<input type="checkbox"/> 11/30-12/21	<input type="checkbox"/> 1/4-2/1	<input type="checkbox"/> 2/8-3/14	<input type="checkbox"/> 3/21-4/25	<input type="checkbox"/> 5/2-6/6
Thur.	<input type="checkbox"/> 9/15-10/13	<input type="checkbox"/> 10/20-11/17	<input type="checkbox"/> 12/1-12/22	<input type="checkbox"/> 1/5-2/2	<input type="checkbox"/> 2/9-3/15	<input type="checkbox"/> 3/22-4/26	<input type="checkbox"/> 5/3-6/7
Fri.	<input type="checkbox"/> 9/16-10/14	<input type="checkbox"/> 10/21-11/18	<input type="checkbox"/> 12/2-12/23	<input type="checkbox"/> 1/6-2/3	<input type="checkbox"/> 2/10-3/16	<input type="checkbox"/> 3/23-4/27	<input type="checkbox"/> 5/4-6/8

* 4 weeks - \$145

No class the week of 2/20

No class the week of 4/2

* 6 weeks - \$210
No class 5/28
* 5 weeks

3 Con Baseball Instructional Clinic - Saturdays (Ages 3 - 12) \$185.00
(Ages 3-5) \$125

Session	Month	Dates	10:00 - 11:00 am (Ages 3 - 5)	11:30 - 1:00 pm (Ages 6 - 8)	1:30 pm - 3:00 pm (Ages 9 - 12)
1	November	5,12,19	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	December	3,10,17	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	January	7,14,21	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Jan./Feb.	28,4,11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Feb./Mar.	18,3,10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	March	17,24,31	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Holiday Break Instructional Clinics (Ages 3 - 12) \$195.00
(Ages 3 - 4) \$100

Dates	9:00 - 10:00 am (Ages 3 - 4)	10:00am - Noon (Ages 5 - 6)	Noon - 2:00pm (Ages 7 - 9)	2:00 - 4:00 pm (Ages 10 - 12)
12/26-29 Mon-Thurs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Mid-Winter Break Instructional Camp (Ages 3 - 12) \$195.00
(Ages 3 - 4) \$100

Dates	9:00 - 10:00 am (Ages 3 - 4)	10:00am - Noon (Ages 5 - 6)	Noon - 2:00pm (Ages 7 - 9)	2:00 - 4:00 pm (Ages 10 - 12)
2/20-23 Mon-Thurs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Spring Break Hitting & Fielding Camp (Ages 3 - 12) \$195.00
(Ages 3 - 4) \$100

Dates	9:00 - 10:00 am (Ages 3 - 4)	10:00am - Noon (Ages 5 - 6)	Noon - 2:00pm (Ages 7 - 9)	2:00 - 4:00 pm (Ages 10 - 12)
4/2-5 Mon-Thurs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**NO MAKE-UP ON ANY MISSED CLINIC SESSIONS.
DONT FORGET TO ASK ABOUT OUR SUMMER PROGRAMS!**

Registration

Player Name: _____

DOB: ____/____/____

Address: _____

City: _____ Zip: _____

Email: _____

Home Phone _____ Work Phone: _____



Phone -914-937-6700 | Fax 914-937-2304

Payment Type:

Visa Mastercard Amex

_____ | _____
credit card number exp. date

Makes Checks Payable to:
ProSwing of Port Chester

Mail to: ProSwing
Athletic Training Center
36 Midland Avenue
Port Chester, NY 10573

CONSENT & WAIVER

In consideration of acceptance of my child in the Baseball/Softball Camp outlined above, I hereby for myself, my child, their heirs, executors and administrators waive and release any claim we may have for damages against ProSwing Baseball Training Center (ProSwing Inc.) their officials, officers, employees or representatives, or their successors or assigns for any and all injuries, that may be suffered by my child while or as a result of participating in the above said program.

Signature of Parent" _____ Date : ____/____/____