

Registration

Player Name: _____

DOB: ____/____/____

Address: _____

City: _____ Zip: _____

Email: _____

Home Phone _____ Work Phone: _____



Phone -914-242-1626 | Fax 914-242-1628

Makes Checks Payable to:

ProSwing

Mail to: ProSwing Baseball
Training Center
27 Radio Circle
Mount Kisco, NY 10549

Payment Type:

Visa Mastercard Amex

credit card number exp. date

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 : ____/____/____

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

Mini Slugger Program (Ages 3-4) 1:00 - 2:00 pm

\$170.00

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

*3 week session at \$105

*3 weeks

No class the week of 2/21

No class the week of 4/18

No class 5/27 & 5/30

After School Instructional Baseball/Softball Clinic (Ages 5 - 9)

\$215.00

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

*6 weeks

*6 week session at \$185

3 Con Baseball Instructional Clinic - Saturdays (Ages 3 - 8)

\$185.00

Session	Day	Month	Dates	10:00 - 11:30 am (Ages 3 - 5)	11:30 - 1:00 pm (Ages 6 - 8)
1	Saturday	November	6,13,20	<input type="checkbox"/>	<input type="checkbox"/>
2	Saturday	December	4,11,18	<input type="checkbox"/>	<input type="checkbox"/>
3	Saturday	January	8,15,22	<input type="checkbox"/>	<input type="checkbox"/>
4	Saturday	Jan./Feb.	29,5,12	<input type="checkbox"/>	<input type="checkbox"/>
5	Saturday	Feb./Mar.	26,5,12	<input type="checkbox"/>	<input type="checkbox"/>
6	Saturday	Mar./Apr.	19,26,2	<input type="checkbox"/>	<input type="checkbox"/>

Holiday Break Instructional Clinic (Ages 7 - 12)

\$195.00

Dates	10:00 am - Noon (Ages 7 - 9)	Noon - 2:00 pm (Ages 10 - 12)
Monday - Thursday 12/27 - 12/30	<input type="checkbox"/>	<input type="checkbox"/>

Mid-Winter Break Instructional Camp (Ages 7 - 12)

\$180.00

Day	Month	Dates	10:00 am - Noon (Ages 7 - 9)	Noon - 2:00 pm (Ages 10 - 12)
Mon,Wed,Fri	February	21,23,25	<input type="checkbox"/>	<input type="checkbox"/>

Spring Break Hitting & Fielding Camp (Ages 7 - 12)

\$180.00

Day	Month	Dates	10:00 am - Noon (Ages 7 - 9)	Noon - 2:00 pm (Ages 10 - 12)
Mon,Wed,Fri	April	18,20,22	<input type="checkbox"/>	<input type="checkbox"/>

FIRST COME FIRST SERVED - CLASS LIMIT 36 PLAYERS

NO MAKE-UP ON ANY MISSED CLINIC SESSIONS.