



Ball Like Me Sports Management REGISTRATION FORM

(Please Print)					
Today's date:		Camp Location(s):			
PARENT'S AND ATHLETES INFORMATION					
Parent's Last name:		First:	Middle:	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs.	<input type="checkbox"/> Miss <input type="checkbox"/> Ms.
Athlete's Full Name:					Athlete's Skill Level (circle one) Beginner / Average / Adv. / Elite
Birth date:	Age:	Sex:	<input type="checkbox"/> M <input type="checkbox"/> F	Last Physical Exam:	
Medication Conditions	<input type="checkbox"/> Yes <input type="checkbox"/> No	Medication Alert(S):	Mother Mobile/Emergency phone no:	Father Mobile/Emergency phone no:	
School/Team					Home phone no.:
Home address:			()		()
City:		State:	ZIP code:	Email	
How did you here about us?		<input type="checkbox"/> Family	<input type="checkbox"/> Friend	<input type="checkbox"/> School	<input type="checkbox"/> Website
		<input type="checkbox"/> Flyers	<input type="checkbox"/> Living Social	<input type="checkbox"/> Facebook	
Other family members seen here:			Are you on Facebook? Yes or No NOTE: Like us today to receive updates & News from us through Facebook.		
TRAINING SCHEDULE _____ -- _____					
SESSIONS ARE SUBJECT TO CHANGE					
Day	Time	Please select a Package for 8 weeks			
Monday	_____	Option A 1 day 1 hour per week (8 sessions) \$90.00			
Friday	_____	Option B 1 days, 2 hours per week (16 sessions) \$160.00			
Saturday	_____	Option C 2 days 4 hours per week (36 sessions) \$320.00			
Sunday	_____	Option D 3 days 6 hours per week (48 sessions) \$460.00			
		Option E YOU CAN PAY PER SESSION \$15.00 an hour			
		Option F 1-on 1 Training Session \$ _____ per hour			
ATHLETES PAYMENT OPTION A B C D E F					
PLEASE CIRCLE YOUR ATHLETES TRAINING SCHEDULE					
DAY PER WEEKS ()		HOURS ()		TOTAL _____ DEPOSIT _____ BALANCE _____	
Payment Method: <input type="checkbox"/> Discover <input type="checkbox"/> Visa <input type="checkbox"/> MC <input type="checkbox"/> Check <input type="checkbox"/> Cash			Check #	Coupon/Voucher #	
*All credit card payments are processed by PayPal or Square					
Photo/ Video Use: Ball Like Me sports Management, Inc. may take photographs or video of me or my child for promotional purposes of Ball Like Me Sports Management Inc., including but not limited to use in printed publications such as brochures and newsletters, as well as our websites, Facebook Page and You tube Video Demos or other electronic forms.					
Authorized Signature (if athlete is under 18) _____					
Athlete Indemnification & Release Agreement					
Please read this form carefully and be aware that in signing up and participating in this program(s), you will be waiving and releasing all claims for injuries you might sustain of this program (including transportation services, when provided.) As a participant in any programs with Ball Like Me Sports Management, Inc., I understand and acknowledge that there are certain risks of physical injury and I agree to assume full risk of any injuries, damages or loss which I may sustain as a result of participating in any and all activities with or associated with such programs(s). I agree to waive and relinquish all claims I may have as a result of participating in the program(s) against Ball Like Me Sports Management, Inc. and its officers, agents, helpers and employees. I do hereby release and discharge Ball Like Me Sports Management, Inc., and its official agents, helpers and employees from any and all claims from injuries, damage or loss which may occur to me on account of my participation in this program(s). Permission is granted for participant to receive emergency medical treatment, if needed. I further agree to indemnify and hold harmless and defend Ball Like Me Sports Management, Inc and its officers, agents, helpers, and employees from any and all claims resulting from injuries, damages and losses sustained by me and arising out of, connected with, or any way associated with the activities of the program(s) provided Ball Like Me Sports Management, Inc. I have read and fully understand the above Program Details and Athlete Release Agreement. Waivers MUST be signed by participant(s) legal guardian. Facsimile signatures will be considered as original by the Company.					
Signature (s) _____				Date: _____	