

KEN BERRY HITTING AND PITCHING INDIVIDUAL INSTRUCTION REGISTRATION FORM

DIRECTIONS: Please complete this form entirely. Include check for the appropriate fee, **MAKE PAYABLE TO KEN BERRY** and mail to Bill Schafer, 1323 NW 50th, Topeka, KS 66618. After receiving your signed registration and check, you will be contacted for scheduling.

DESCRIPTION: Five individual lessons of girls and/or boys hitting and/or pitching offered at a cost of \$125.00.

STUDENT INFORMATION: (Please print)

LAST NAME _____ FIRST NAME _____

DOB(mm/dd/yy) _____ GRADE LEVEL _____

CONTACT INFORMATION: (Please print)

PARENT NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

HOME PHONE _____ WORK PHONE _____ CELL _____

EMAIL ADDRESS _____

SESSION AND TYPE OF INSTRUCTION REQUESTED:

NOVEMBER SESSION _____ HITTING _____ PITCHING _____

DAY PREFERRED: (Number in order from best to worst day with 1 being the best day for you)

_____ SUNDAY _____ TUES

_____ MONDAY _____ WED

JANUARY SESSION _____ HITTING _____ PITCHING _____

_____ SUNDAY _____ TUES _____ THURS

_____ MONDAY _____ WED

(COMPLETE SECOND PAGE)

HITTING COACH PREFERRED _____

PITCHING COACH PREFERRED _____

PARENTAL WIVER AND CONSENT FORM AUTHORIZATION:

As the parent or legal guardian of the child named above, I hereby give my full consent and approval for my child to participate in individual hitting and/or pitching instruction. I understand that there are certain risks or injury inherent in this practice and I am willing to assume these risks on behalf of my child. I hereby certify that my child is fully capable of participation in these lessons, that my child is healthy and has no physical or mental disabilities that would restrict full participation in these activities. In addition to giving my full consent for my child's participation, I do hereby waive, release and hold harmless any instructor for any injury that may be suffered by my child in the normal course of participation in the hitting/pitching instruction program and the incidental thereto, whether the result of negligence or any other cause.

_____ I agree to the above statement _____
Parent /Guardian Signature Date