

REGISTRATION FORM

MAILING ADDRESS
Grand Slam 2
PO Box 16429
Chesapeake, VA 23328
757-482-8400

PHYSICAL ADDRESS
Grand Slam 2
237 S. Battlefield Blvd Suite 14 G
Chesapeake, VA 23322
Bobby@GrandSlam2.com

PLEASE FILL OUT EVERY LINE ON THIS FORM AND RETURN IT TO EITHER ADDRESS LISTED ABOVE.

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____

ZIP CODE: _____ AGE: _____

PHONE: _____ CELL PHONE: _____

EMERGENCY PHONE: _____ DATE OF BIRTH: _____

GUARDIAN: _____ E-MAIL: _____

INSURANCE: _____ POLICY #: _____

PICK ONE:

- | | |
|----------------------------------------------------------|----------------------------------------------------------|
| <input type="checkbox"/> SUMMER CAMP | <input type="checkbox"/> PRIVATE HITTING LESSONS |
| <input type="checkbox"/> SPRING BREAK CAMP | <input type="checkbox"/> PRIVATE PITCHING LESSONS |
| <input type="checkbox"/> 8 WEEK HITTING ACADEMY | <input type="checkbox"/> PRIVATE CATCHER LESSONS |
| <input type="checkbox"/> 8 WEEK CATCHERS CLINIC | <input type="checkbox"/> TIDEWATER BOMBER PLAYER |
| <input type="checkbox"/> 4 WEEK ADVANCED HITTING ACADEMY | <input type="checkbox"/> 4 WEEK ADVANCED CATCHERS CLINIC |
| <input type="checkbox"/> OTHER: _____ | |

I hereby give permission for emergency medical treatment to be conducted in the event that I (guardian) can not be reached. This also assures Grand Slam 2 that my son/daughter is in good physical condition and health. My child may participate in all activities. All participants must have personal liability insurance in order to participate in any Grand Slam 2 events. This insurance will be the first and primary insurance used in the event of any accident.

SIGNATURE _____ DATE _____

"I, _____ or my child, _____ have willingly and knowingly enrolled in a program or strenuous activity including, but not limited to, weight training, all aerobic conditioning exercise, plyometric exercise, swimming, all types of baseball instruction and use of any baseball or fitness facility offered by ALL ABOUT FITNESS trading as GRAND SLAM 2. I certify that I have adequate insurance to cover any injury or damage I or my child may cause or suffer while participating, or else I agree to bear the costs of such injury or damage myself. I further certify that I am willing to assume the risk of any medical or physical condition I or my child may have.

"In consideration of my or my child's participation in ALL ABOUT FITNESS trading as GRAND SLAM 2, exercise programs or baseball instruction, I, _____, or my child, _____, for myself, my heirs and assigns, hereby release ALL ABOUT FITNESS trading as Bobby Hoeft (owner), his family, and employees from any claims, demands and causes of action arising from any participation in the fitness or baseball instruction programs." Including such claims which alleged negligent acts or omission of ALL ABOUT FITNESS trading as GRAND SLAM 2. Should ALL ABOUT FITNESS trading as GRAND SLAM 2 or anyone acting on his/her behalf, be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and hold him/her harmless for all such fees and costs.

"I fully understand that I or my child may injure ourselves as a result of our participation in ALL ABOUT FITNESS trading as GRAND SLAM 2 exercise and baseball instruction programs and I, _____ or my child, _____ hereby release ALL ABOUT FITNESS trading as GRAND SLAM 2 . Bobby Hoeft (owner), his family or any employees, from any liability now or in the future including, but not limited to, heart attacks, muscle strains, pulls or tears, broken bones, shin splints, all heat illness, knee/lower back/foot injuries, and other illness, or injury, however caused, occurring during or after my participation in the fitness or baseball instruction programs."

In the event that I file a lawsuit against ALL ABOUT FITNESS trading as GRAND SLAM 2, I agree to do solely in the state of Virginia, and I further agree that the substantive law of that state shall apply in that action without regard to the conflict of law rules of that state. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining portions shall remain in full force and effect.

Signature _____ Date _____

For office use only:

Check# ____ Amount ____ CC Type ____ Date ____ Receipt ____