



2018-2019 FALL/WINTER/SPRING Registration Form

Player Name: _____ D.O.B. ____/____/____

Address: _____ City: _____ ST: _____ Zip: _____

Phone: _____ Cell Phone: _____ E-mail: _____

Visa Mastercard Amex

credit card number exp. date

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



CONSENT & WAIVER

In consideration of acceptance of my child in the Baseball/Softball Program(s) 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(s).

Signature or Parent/Guardian: _____ Date: _____

Fall Programs: "Harvesting" Skills

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

After School Instructional Baseball Clinic (Ages 5 - 7)

(4:00 - 5:00pm)	#1 8 weeks (\$288)	#2 8 weeks - (\$288)	#3 8 weeks - (\$288)	#4 8 weeks- (\$288)	#5 6 weeks- (\$216)
Monday	<input type="checkbox"/> 9/10-10/22*	<input type="checkbox"/> 10/29-12/17	<input type="checkbox"/> 1/7-2/25*	<input type="checkbox"/> 3/4-4/29*	<input type="checkbox"/> 5/6-6/10*
Tuesday	<input type="checkbox"/> 9/4-10/23	<input type="checkbox"/> 10/30-12/18	<input type="checkbox"/> 1/8-2/26*	<input type="checkbox"/> 3/5-4/30	<input type="checkbox"/> 5/7-6/11
Wednesday	<input type="checkbox"/> 9/5-10/24	<input type="checkbox"/> 10/31-12/19	<input type="checkbox"/> 1/2-2/27	<input type="checkbox"/> 3/6-5/1	<input type="checkbox"/> 5/8-6/12
Thursday	<input type="checkbox"/> 9/6-10/25	<input type="checkbox"/> 11/1-12/20*	<input type="checkbox"/> 1/3-2/28	<input type="checkbox"/> 3/7-5/2	<input type="checkbox"/> 5/9-6/13
Friday	<input type="checkbox"/> 9/7-10/26	<input type="checkbox"/> 11/2-12/21*	<input type="checkbox"/> 1/4-3/1	<input type="checkbox"/> 3/8-5/3	<input type="checkbox"/> 5/10-6/14
	*No Class 9/3 *7 weeks - (\$252)	*No Class 11/22 & 11/23 *7 weeks - (\$252)	*No class 12/31, 1/1 & week of 2/18-2/22 *7 weeks (\$252)	*No class the week of 4/15 - 4/19	*No Class on 5/27 *5 Weeks - (\$180)

FIRST COME FIRST SERVED - CLASS LIMIT 36 PLAYERS

NO MAKE-UP ON ANY MISSED CLINIC SESSIONS

Winter Programs: Bring on the "Heat"

Mini Slugger Program (Ages 3-5)

(1:00 - 2:00 pm)	#1 8 weeks (\$288)	#2 8 weeks - (\$288)	#3 8 weeks - (\$288)	#4 8 weeks- (\$288)	#5 6 weeks- (\$216)
Monday	<input type="checkbox"/> 9/10-10/22*	<input type="checkbox"/> 10/29-12/17	<input type="checkbox"/> 1/7-2/25*	<input type="checkbox"/> 3/4-4/29*	<input type="checkbox"/> 5/6-6/10*
Tuesday	<input type="checkbox"/> 9/4-10/23	<input type="checkbox"/> 10/30-12/18	<input type="checkbox"/> 1/8-2/26*	<input type="checkbox"/> 3/5-4/30	<input type="checkbox"/> 5/7-6/11
Wednesday	<input type="checkbox"/> 9/5-10/24	<input type="checkbox"/> 10/31-12/19	<input type="checkbox"/> 1/2-2/27	<input type="checkbox"/> 3/6-5/1	<input type="checkbox"/> 5/8-6/12
Thursday	<input type="checkbox"/> 9/6-10/25	<input type="checkbox"/> 11/1-12/20*	<input type="checkbox"/> 1/3-2/28	<input type="checkbox"/> 3/7-5/2	<input type="checkbox"/> 5/9-6/13
Friday	<input type="checkbox"/> 9/7-10/26	<input type="checkbox"/> 11/2-12/21*	<input type="checkbox"/> 1/4-3/1	<input type="checkbox"/> 3/8-5/3	<input type="checkbox"/> 5/10-6/14
	*No Class 9/3 *7 weeks - (\$252)	*No Class 11/22 & 11/23 *7 weeks - (\$252)	*No class 12/31, 1/1 & week of 2/18-2/22 *7 weeks (\$252)	*No class the week of 4/15 - 4/19	*No Class on 5/27 *5 Weeks - (\$180)

3 Con Baseball Instructional Clinic - Saturdays (Ages 3 - 5)

\$130

Session	Day	Month	Dates	9:00 - 10 am
1	Saturday	October	13,20,27	<input type="checkbox"/>
2	Saturday	November	3,10,17	<input type="checkbox"/>
3	Saturday	December	1,8,15	<input type="checkbox"/>
4	Saturday	January	5,12,19	<input type="checkbox"/>
5	Saturday	Jan/Feb	26,2,9	<input type="checkbox"/>
6	Saturday	March	2,9,16	<input type="checkbox"/>
7	Saturday	Mar/Apr	23,30,6	<input type="checkbox"/>

Holiday Break Instructional Pitching & Hitting Clinic (Ages 5 - 9)

Noon - 2pm \$150

W,TH,F - 12/26, 12/27, 12/28

Mid-Winter Break Fielding, Hitting & Pitching Clinic (Ages 5 - 9)

Noon - 2pm \$200

M,T,W,TH - 2/18, 2/19, 2/20, 2/21

Spring Break Fielding & Hitting Clinic (Ages 5 - 9)

Noon - 2pm \$200

M,T,W,TH - 4/15, 4/16, 4/17, 4/18

Fax Completed Application to:
914-242-1628

SUMMER CAMP SCHEDULE WILL BE AVAILABLE MARCH 2019