

# SPRING BREAK SOFTBALL SKILLS CAMP

**APRIL 15TH - 18TH**  
**MONDAY - THURSDAY**  
**12PM - 2PM**  
**AGES 8-12**  
**\$200**

**SKILLS CLINIC**  
**HITTING, SLAPPING**  
**DEFENSE AND**  
**BASERUNNING**

Player Name: \_\_\_\_\_

D.O.B: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home # \_\_\_\_\_ Cell # \_\_\_\_\_

Email: \_\_\_\_\_

Payment Type: Check# \_\_\_\_\_

CC# \_\_\_\_\_

Expiration Date \_\_\_\_ / \_\_\_\_

Make Checks Payable to  
**PROSWING**

27 Radio Circle Drive  
Mount Kisco, NY 10549

Call 914-242-1626 or  
dan@proswingbaseball.com

Fax Application to:  
914-242-1628



## **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.

Signature or Parent/Guardian: \_\_\_\_\_

Date: \_\_\_\_\_