



Student Registration

Student Name: _____ Date of Birth: ____ / ____ / ____ Age: ____

Address: _____ City/State/Zip: _____

Parent/Guardian: _____ Parent/Guardian: _____

Phone (Home/Cell): _____ Phone (Home/Cell): _____

Email: _____ Email: _____

Emergency Contact: _____ Phone: _____

Are there any medical conditions to which we should be alerted? _____

How did you hear about Britton's Bullpen? _____

DESIGNATED TIME SLOT - INSTRUCTOR _____ DAY _____ TIME _____

CANCELLATION FEE

Britton's Bullpen will charge a cancellation fee for any appointment that is missed without a 48 hour notice. The fee will be half of the cost of the original appointment, which will be due at the next scheduled appointment. If no appointment is scheduled within a month, then a bill will be sent in the amount that is due.

ACKNOWLEDGMENT OF RISK AND WAIVER OF LIABILITY

As legal guardian of _____, I hereby consent to aforementioned person participating in Britton's Bullpen's programs. I recognize the potential for injuries which may occur during any activities taking place at Britton's Bullpen. I understand that it is the express intent of Britton's Bullpen to provide for the safety and protection of my child and, in consideration for allowing my child to use these facilities, I hereby forever release Britton's Bullpen or its employees. As legal guardian of the aforementioned person, I hereby agree to individually provide for the possible further medical expenses which may be incurred by my child as a result of any injury sustained while training at, or involved in any activity at Britton's Bullpen. In any instance where I, the legal guardian, is not present during aforementioned person's activity, I hereby give consent for Britton's Bullpen to advise necessary medical care. This acknowledgment of risk and waiver of liability, having been read thoroughly and understood completely, is signed voluntarily as to its content and intent.

Parent or Legal Guardian's Signature

Date