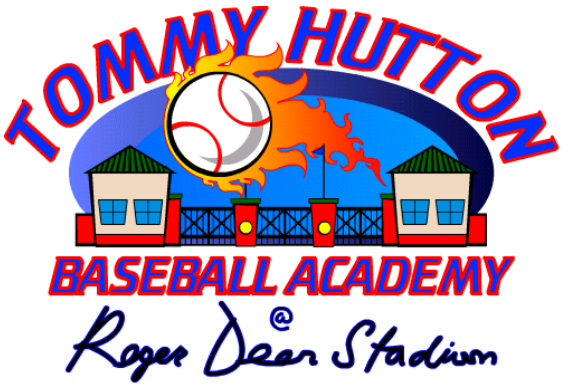

Application for Enrollment

Student's Name: _____ Age: _____

Address: _____ Home Phone: _____

_____ Emergency Contact: _____

City, State, Zip _____ Alternate Phone #: _____

Bats ☐ Right ☐ Left Throws ☐ Right ☐ Left Preferred Position: _____

Email address: _____ Youth Baseball League _____

Week 1: _____

Week 2: _____

Week 3: _____ Total Amount Due: _____

**If signing up for multiple weeks, please pay for the first week in full and provide a $50 nonrefundable deposit for each additional week. Remaining balance will be due 14 days prior to attending camp.*

Make checks payable to: Tommy Hutton Baseball Academy

PO Box 1186

Jupiter, FL 33468-1186

_____

VISA OR MASTERCARD ONLY

Expiration: _____

Conditions of Attendance:
In consideration of the Tommy Hutton Baseball Academy and Roger Dean Stadium allowing my child to attend, I, individually a legal guardian of _____, a minor, (my child) do hereby release, discharge, indemnify and hold harmless the Tommy Hutton Baseball Academy and Roger Dean Stadium, and its owners, directors, officers, employees, agents, successors, and assigns from and against, and waive any and all claims or liabilities for, any injuries, losses or damages, including without limitations, injuries to my child, myself and/or property, arising out of or incident to my child's participation in the Tommy Hutton Baseball Academy whether caused in whole or in part, by the negligent act(s) or omission(s) of its owners, directors, officers, employees, or agents. I hereby authorize the staff of the Tommy Hutton Baseball Academy to act for me according to their best judgment, in any medical emergency for my child. Refund Policy: For Cancellations or no shows, tuition paid less $75 will be refunded. Under no circumstances will the $75 be refunded or transferred

_____

Parent (Legal Guardian's) Signature Date

_____

Witness Date

Email to thuttbaseball@rogerdeanstadium.com or fax to 561-882-9283