

In the ZONE Training, Inc.

Friday Night Pitching Class Registration

Child's First Name _____ Last Name _____ Age _____

Home Address _____ City _____

State _____ Zip _____ Parent Name (First/Last) _____

Parent Cell Phone: _____ Parent Email: _____

List any serious medical conditions your child has: _____

Which session will your child attend?

- 1) Session 1: Fridays Jan. 13, 20, 27 from 6:00 - 7:00 pm; Fee \$90 (plus \$45 facility fee)
- 2) Session 2: Fridays Jan. 13, 20, 27 from 7:00 - 8:00 pm; Fee \$90 (plus \$45 facility fee)
- 3) Session 3: Fridays Feb. 3, 10, 24 from 6:00 - 7:00 pm; Fee \$90 (plus \$45 facility fee)
- 4) Session 4: Fridays Feb. 3, 10, 24 from 7:00 - 8:00 pm; Fee \$90 (plus \$45 facility fee)

**Mail registration form and \$30 registration fee to: In the ZONE Training, Inc.
110 S. Janell Drive
Olathe, KS 66061**

***Remaining \$60 is due first night of clinic. \$15 facility fee is payable each night upon entrance to facility.**

Total amount enclosed: _____

I/We the parent(s) of _____, apply for enrollment in the In the ZONE Training, Inc. Friday Night Pitching Class program and hereby give our approval for our child to participate in any and all In the ZONE Training, Inc. activities.

I/We understand and appreciate that participation in fastpitch softball activities carries the risk of serious injury to my/our participating child as well as to myself as a participant or observer and that this includes the risk of permanent disability, paralysis, or death. I also understand that protective equipment does not prevent all injuries to participants or observers.

I/We hereby waive, release, absolve, indemnify and agree to hold harmless In the ZONE Training, Inc., and its owners, officers, and employees for any cause of action, liability, or claims arising out of injury to my/our child and/or myself.

I/We voluntarily and knowingly acknowledge, accept, and assume these risks associated with fastpitch softball and verify that my/our child has health insurance.

I/We understand and agree that In the ZONE Training, Inc. reserves the right to terminate enrollment at any time due to non-payment or problematic and/or disruptive behavior from either the child or parent.

Parent or Guardian Signature _____ Date _____