

MAGDALENO

School of Baseball

Winter Maintenance Program

APPLICATION

Players work one half hour a week with a partner for twelve weeks allowing them to improve their skills and mental approach to your choice of Hitting, Pitching or Catching!

Begins: The week of January 4 - 10, 2009 **Ends:** The week of March 22-28, 2009

Eligibility: All ages, excluding uncommitted High School Seniors

Location: Ventura College Batting Cages, Ventura (May vary)

Total Cost: \$330. Breakdown: \$50 dep., \$110. Jan., \$110. Feb., & \$60. Mar. as deposit will be applied

Players Name _____ Age _____

Address _____ Zip code _____

Parent/Guardian _____ Cell Phone () _____

E-mail Address _____ Alt. Phone () _____

Position _____ Grade _____ School _____

List names & contact numbers of those allowed to pick your player up from workouts.

1. _____ 2. _____

Type of lessons (circle one): Hitting / Pitching / Catching

The following days and times are available to choose from:

Monday: 3:30 p.m. - 4 p.m. / 4 p.m. - 4:30 p.m. / 4:30 p.m. - 5 p.m. / 5 p.m. - 5:30 p.m.

Wednesday: 3:30 p.m. - 4 p.m. / 4 p.m. - 4:30 p.m. / 4:30 p.m. - 5 p.m. / 5 p.m. - 5:30 p.m.

Friday: 3:30 p.m. - 4 p.m. / 4 p.m. - 4:30 p.m. / 4:30 p.m. - 5 p.m. / 5 p.m. - 5:30 p.m.

Sunday: 11 a.m. - 11:30 a.m. / 11:30 a.m. - 12 p.m. / 12 p.m. - 12:30 p.m.

1st choice: _____ **2nd Choice:** _____

Coach Mags will assign partners based on both age and ability. Players are welcome to and encouraged to recruit their own partner. List the name and age of your potential partner.

1. _____ 2. _____

Players are required to work with their partner on their assigned day and time. Exception: Make-ups **may** be granted if Coach Mags has been notified via email at least 72 hours in advance of the missed lesson due to family or medical reasons or a player is ill and Coach Mags is promptly made aware of that illness. Email Coach Mags at CoachMags@magdalenobaseball.com. Workouts that become in conflict with Coach Mags' family, medical, or work commitments will run by a trained colleague or re-scheduled with him for the following Sunday afternoon. Workouts that fall on Holidays or are cancelled due to weather conditions will be rescheduled for the following Sunday afternoon.

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Payment Information

(Parent/Guardian signature) _____ agree to pay a \$50.00 non-refundable deposit to be processed with this application which will be applied to your March payment. Along with two monthly installments of \$110.00 due the first workout of January, 2009 and February, 2009 followed by a \$60.00 payment on the first workout of March, 2009. A late payment of \$10 will be assessed on payments made more than three days after the due date.

Authorization for Consent to Medical Treatment and Release of Liability

I hereby confirm my child is in good health, and know of no medical reason why he/she cannot participate in any clinic activities and I authorize *Magdaleno School of Baseball* staff to act for me according to their best judgment in any emergency requiring medical attention. This authorization is pursuant to the provisions of Section 25.8 of the California Civil Code. I hereby release, relieve, and discharge the *Magdaleno School of Baseball*, and their employees, agents, servants, or invitees from any and all claims, cause of actions, and liability arising in any way out of any injury to the participant, or his/her personal property by theft, damage, or otherwise during the time of the current clinics.

Parent/Guardian signature _____ Date _____

_____ Please check here if you do not want your players photo for view on our website.

Day and time slots will be awarded based on receipt of payment or deposit with completed application via the United States Postal system.

Mail application with \$50.00 non-refundable deposit, made payable to Magdaleno School of Baseball to: Magdaleno School of Baseball. Attn: WMP. P.O. Box 4022, Ventura, CA 93007.

Applications will not be processed with incomplete information or missing payment. Space is limited so confirmation of acceptance will be based on the date of receipt of payment. Be sure to make a copy of this form prior to mailing. Returned checks will be assessed a \$25 processing fee.

For any questions please visit www.MagdalenoBaseball.com or call Coach Mags at 805.701-5775.

Office use only:

Non-refundable Deposit:	Date _____	Check # _____	Amount \$50.00
January, 2009 Payment:	Date _____	Check # _____	Amount \$110.00
February, 2009 Payment:	Date _____	Check # _____	Amount \$110.00
March, 2009 Payment:	Date _____	Check # _____	Amount \$60.00 (\$50.Dep. applied)
Paid in full:	Date _____	Check # _____	Amount \$330.00