Future Stars
SOUTHAMPTON

INDOOR BASEBALL YOUTH PROGRAMS REGISTRATION FORM FALL'18 - WINTER'19

Participant's Name:_____

Grade:_____ Age:_____ Birthdate:_____ Gender: Girl / Boy Group: U5-U7 / U8-U10

Address: _____ City:_____ State:_____ Zip:_____

Parent/Guardian:_____ Email:_____

Home #:_____ Work #:_____ Cell #:_____

Clinics Information

Wednesdays

October 3rd - November 28th 2018

- **Coed 1st-3rd Grade** 4PM-5PM
- **Coed 4th-6th Grade** 5PM-6PM

Price: $180 (8weeks)

Privates Information

Monday / Tuesday / Thursday

October 3rd - November 28th 2018

- **Times:** 4PM-6PM
- **4-pack of 1hr private lessons**

Price: $375

Excluded Dates

Thanksgiving: November 21st, 2018

Payment is required upon registration.

Cash Amount:_____ Check #:_____ Amount:_____ Please make checks payable to Future StarsTennis Club

Credit Card Information: ☐MC ☐VISA ☐AMEX

Credit Card Number: _ _ _ _ - _ _ _ _ - _ _ _ _ - _ _ _ _ Exp. Date: _ _ /_ _ /_ _ _ Security Code: _ _ _ _ _ _

I authorize Future Stars Southampton LLC, to charge all outstanding balances

Card Holder Signature:_____ Date _ _ / _ _ / _ _ _

Waiver and Release

As a player/participant, I hereby agree to comply with all program and club regulations and remove Future Stars Southampton LLC, SYS Inc. and the Town of Southampton or its agents from any liability incurred while involved in this program. The use of the facility is strictly at the players risk. Future Stars LLC, SYS Inc. and the Town of Southampton are not responsible for injuries, accidents, or damage to personal

property arising from normal athletic activities on the premises including interactions with other persons on the court. All participants and their guests hereby specifically waive any claims for damages arising from their use of the club facilities. In the event of an emergency I grant the club and it's agents to give whatever immediate treatment is necessary and or take myself/my child to a hospital emergency room. Permission is granted to use photos and videos taken at the club for promotional purposes. Signature: _____

Cancellation Policy

In the event of a cancellation, a make up session will be scheduled for the next available evening.

Phone: 631.287.6707 • Fax: 287.8633 • Email: info@futurestarssouthampton.com