



REGISTRATION FORM



BTL Event: _____ Start Date _____

Player's Name: _____ Birthday: _____

Home Phone: (____) _____ E-Mail _____

In the event of cancellation, either full class or individual session, Between the Lines will contact all participants via e-mail regarding the status of the program in question.

Work Phone: (____) _____ Cell: (____) _____

Street Address: _____

City/State/Zip: _____

Emergency Contact: _____ Phone: (____) _____

Allergies/Medical Conditions: _____

Insurance Policy Info: _____

Full Payment is due within 48 hours of sign-up unless previous arrangements have been made. This registration form must be completely filled out and received by Between the Lines Sports Performance Center staff in order to meet eligibility requirements.

Enrollment Agreement:

Please enroll the below individual applicant. The applicant is in good health and able to participate in the physical activity of a vigorous program. In the event of illness or medical care, Between the Lines Sports Performance Center has my permission to provide medical care. Enrollment in all Between the Lines Sport Performance Center programs is offered to all individuals who express an interest in participating in professional baseball and football instruction. The staff of Between the Lines Sports Performance Center expects all players to demonstrate appropriate behavior, and respect our facility rules and regulations, in order to optimize the Between the Lines Sports Performance Center experience. Between the Lines Sports Performance Center reserves the right to dismiss any player who does not observe these rules, and to protect the rights and property of all other parties. Enclosed is the registration fee that is made payable to Between the Lines Sports Performance Center, which will reserve the space in the session identified in the registration form below. I understand that if I do not have the below mentioned individual attend the reserved spot, the registration is non-refundable, but can be transferred in the registrant's name to any other program of equal or lesser value with Between the Lines Sports Performance Center.

Insurance Statement:

I/We the individual parents or guardians of individual below named candidate hereby give approval for his/her participation in any and all JRSports, LLC activities. I/We assume all risks and hazards incident to such participation to and from such activities and do hereby waive, release, absolve, and agree to hold harmless JR Sports LLC, its managers, coaches, organizers, participants, supervisors, and persons including transporting my/our child to or from activities for any claim arising out of an injury to myself/our child, whether the result of negligence or for any other cause, except to the extent in the amount covered by accident or liability insurance. I/We grant permission for myself/my child to receive emergency medical treatment, as necessary, while attending any function/activity at the facility of JR Sports, LLC.

Parent/Guardian/Individual Signature:

X _____ Date: _____