

**Baseball Registration**  
**Please use one registration form per child**

Child Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Street \_\_\_\_\_ Apt \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

**Parents or Guardian Names:**

Parent 1: \_\_\_\_\_

Phone 1 \_\_\_\_\_ Phone 2 \_\_\_\_\_

Email \_\_\_\_\_

Parent 2 \_\_\_\_\_

Phone 1 \_\_\_\_\_ Phone 2 \_\_\_\_\_

Email \_\_\_\_\_

**Baseball selection (check one)**     **5 y.o. class**         **6 -7 y.o.**         **8 -10 y.o.**

ITEM	COST	INCLUDES
<b>5 - 10 y.o. Baseball Classes</b> 90 minutes class	<b>\$160</b>	<i>6 classes, shirt, award,</i>

**MAKE CHECKS PAYABLE TO: JAMES FOWLER P.T. P.C.**  
 Mail to: 873 Broadway, Suite 510, New York, NY 10003

I understand that, as with any other physical activity, it is possible that injury may occur. I understand and agree that if any injury should occur during class I shall hold "KidsMove Sports", "James Fowler P.T., P.C." and all of its coaches, therapists and aides harmless for any injury and waive any claims or damages against them.

Parent/Guardian Printed Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_