

THE FIELDHOUSE INSTRUCTIONAL AGREEMENT

DATE ___/___/___

PLAYERS NAME _____ AGE _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

PHONE # () _____ E MAIL ADDRESS _____

CELL # () _____ PLAYERS SCHOOL _____

INSTRUCTORS NAME _____

BASEBALL / SOFTBALL

STUDENT INSTRUCTOR RATIO: 1:1 2:1 3:1 4:1

Circle which skill(s) to be taught

Pitching Hitting Catching Fielding

High School and Pro Level Students only: Do you have a desire to play at the College Level? Yes / No

If yes, what Colleges or Universities are you interested in attending _____

2018 Fall Session*

Day of week _____

Time: _____

First Lesson _____

Last Lesson _____

Cost of Lesson _____

Less Deposit _____

Due @ 1st Lesson _____

Parents initials _____

2018 Winter Session**

Day of Week: _____

Time: _____

First Lesson _____

Last Lesson _____

Cost of Lesson _____

Less Deposit _____

Due @ 1st Lesson _____

Parents initials _____

2019 Spring Session

Day of Week: _____

Time: _____

First Lesson _____

Last Lesson _____

Cost of Lesson _____

Less Deposit _____

Due @ 1st Lesson _____

Parents initials _____

**IF YOU HAVE ENROLLED IN THE FALL SESSION AND WISH TO CONTINUE IN THE WINTER SESSION WITH THE SAME INSTRUCTOR(if available) AT THE SAME TIME YOU MUST RE-ENROLL BY NOVEMBER 30, 2018*

***IF YOU HAVE ENROLLED IN THE WINTER SESSION AND WISH TO CONTINUE IN THE SPRING SESSION WITH THE SAME INSTRUCTOR(if available) AT THE SAME TIME YOU MUST RE-ENROLL BY JANUARY 31, 2019*

THE FIELDHOUSE PROHIBITS THE FOLLOWING ITEMS ON PREMISES:

**OUTSIDE FOOD & BEVERAGE- GUM- SUNFLOWER SEEDS-TOBACCO PRODUCTS- METAL CLEATS
HELMETS MUST BE WORN IN CAGES AT ALL TIMES/ NO SWINGING OF BATS OUTSIDE OF CAGES**

Initials

I hereby authorize my child to participate in lessons from The Fieldhouse. I will not hold The Fieldhouse or the instructor liable for any injury that may occur while on The Fieldhouse property. I will accept all responsibility for any medical charges should my child get injured while on The Fieldhouse property. I know of no medical, physical, or mental condition that would effect my Childs ability to participate in any Fieldhouse activity.

NO REFUNDS FOR MISSED LESSONS –
A \$35 FEE WILL BE CHARGED FOR ANY MAKE UP LESSON

Initials

I agree to the following terms and conditions as stated above:

Signature of Parent _____ Date _____

Parents Name (Please Print) _____

Fall IC DC ML 1PD Winter IC DC ML 1PD Spring IC DC ML 1PD