****

**WESTCHESTER ACADEMY SOFTBALL**

**2017 Softball Winter Workouts**

**13 – 15 Year-Olds**

 **INFOMATION & PAYMENT FORM**

**Fridays (12 Sessions from 6PM to 8PM):** Carver Center: 400 Westchester Ave, Port Chester, NY 10573

January 6th, 13th, 20th, and 27th

February 3rd, 10th, 17th and 24th

March 3rd, 10th, 24th, and 31st

**Saturdays (12 Sessions from 7PM to 9PM):** Pro Swing Facilities: 36 Midland Avenue, Port Chester, NY 10573

January 7th, 14th, 21st (8-10PM), and 28th (8-10PM)

February 4th, 11th, 18th and 25th

March 4th, 11th, 18th, and 25th

**Coaches/Instructors:** Edwin Diaz (All-MAAC 2B – Le Moyne College), Coach Bobby Blevins (Drafted in the 13th Round in 2007 by the LA Dodgers – Lemoyne College), Nick Cutsumpas (Strength & Conditioning Coach), Matt Paz (Purchase College – Pitcher), Frank Fiumara (Purchase College – Catcher), Mitchell Leeds (Lafayette College – Pitcher) and other Special Guest Instructors.

**Instruction:** Hitting, Defensive Skills, Catching Drills, Base Running and Conditioning

**Cost:** Please view payment options below.

**Registration:** Cut and Paste the link below and fill out the ***ONLINE REGISTRATION FORM.***

[**https://www.leaguelineup.com/formpreview.asp?url=westchesteracademybaseball&formID=117721**](https://www.leaguelineup.com/formpreview.asp?url=westchesteracademybaseball&formID=117721)

**Questions:** Contact Edwin Diaz at (917) 679-3911 or westchesteracademy@icloud.com



 *Please cut out and send bottom portion of registration form with payment to the following address below.*

**MAKE CHECKS PAYABLE TO: Westchester Academy Baseball**

**MAIL TO:** Westchester Academy Baseball, 12 Clark Place, Port Chester NY, 10573

Player’s Name (PRINT):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Player’s Age :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please select one of the following payment options: For Credit Card Payments – Contact me**

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| Friday Sessions Only – Carver CenterPrice - $360 (12 Sessions) | Saturday Sessions Only – Pro SwingPrice - $360 (12 Sessions) | Attend Both Friday and Saturday SessionsPrice - $600 (24 Sessions) |
| □ ***Early Bird Payment***: $310.00  (Save $50) before **December 18th**  | □ ***Early Bird Payment***: $310.00  (Save $50) before **December 18th**  | □ ***Early Bird Payment***: $550.00  (Save $50) before **December 18th**  |
| □ ***Deposit Payment***: $200.00 due **December 18th** and final **CASH** payment of $160.00 due **January 6th** (first night of Winter Workouts) | □ ***Deposit Payment***: $200.00 due **December 18th** and final **CASH** payment of $160.00 due **January 7th** (first night of Winter Workouts) | □ ***Deposit Payment***: $200.00 due **December 18th** and final **CASH** payment of $400.00 due **January 6th** (first night of Winter Workouts) |
| □ ***Late Payment***: $450.00 after **December 18th** | □ ***Late Payment***: $450.00 after **December 18th** | □ ***Late Payment***: $700.00 after **December 18th** |
| □ ***Siblings Payment***: $200.00 due **December 18th** and final **CASH** payment of $340.00 due **January 6th** (first night of Winter Workouts) | □ ***Siblings Payment***: $200.00 due **December 18th** and final **CASH** payment of $340.00 due **January 7th** (first night of Winter Workouts) | □ ***Siblings Payment***: $200.00 due **December 18th** and final **CASH** payment of $700.00 due **January 6th** (first night of Winter Workouts) |

I hereby authorize my child to participate in the Westchester Academy Winter Softball Clinic. I hereby release Westchester Academy and staff, Pro Swing and/or Carver Center, their servants, and employees from liability for personal injuries or property damage sustained by my child in connection with such participation. In case of injury, I authorize the coaching staff to take my child for treatment at my expense. I also understand and agree that all payments are final and are non-refundable.

Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**FOR OFFICE USE ONLY: FEE PAID: $\_\_\_\_\_\_\_\_\_\_ DATE PAID: \_\_\_\_\_\_\_\_\_\_ CHECK #\_\_\_\_\_\_\_\_\_\_\_\_ CASH\_\_\_\_\_\_\_**