



28 Wells Road • Parker Ford, PA 19457 • training@longstreth.com

SOFTBALL FALL 2010 PROGRAM

10-Week Programs run from September thru November

PROGRAMS: Sign up for a ten-week program that will specialize in PITCHING (wrist work, speed drills, pitch development)

OUR INSTRUCTOR:

Kristin Yerger - Assistant coach Fleetwood Area High School & Boyertown Storm 12U travel team/Pitching & hitting instructor for 11 years

PAYMENT INFORMATION:

The cost is \$225 for the 10-week program. To reserve your spot, return this form with full payment to Longstreth Training Academy, 28 Wells Rd., Parker Ford, PA 19457. Acceptable forms of payment are check or cash. Longstreth Training Academy has a "No Refund" policy. After the 10-week period ends, Longstreth Training Academy will offer one free class as a "make up" for anybody who misses classes during the 10 weeks. This "make up" will occur Tuesday, December 7th.

CLASS SCHEDULE : Times will be determined by number of players and experience levels. The weekly sessions will last for one hour. Tuesday sessions will be held between 6pm and 8pm.

SELECT TIME DESIRED. WE WILL TRY TO ACCOMMODATE AS BEST AS WE CAN.

(SELECT PREFERRED CHOICE)

_____ Tuesday 6-7pm

_____ Tuesday 7-8pm

PLAYER INFORMATION:

Player Name _____ Age _____ Birth date _____

Home Address _____ Home Phone _____

_____ Player Email _____

Mother's Name _____ Father's Name _____

Mother's Emergency Number _____ Father's Emergency Number _____

Mother's Email _____ Father's Email _____

Player Experience (list/explain the number of years that you have worked with a private coach)

In signing this application, I release Longstreth Training Academy & other involved parties from any claim or responsibility for injuries suffered in this class. I knowingly assume all risks associated with my child's participation, even if arising from negligence of the participants or others, and assume full responsibility for my child's participation. I certify that my child is in good physical condition and can participate in this class. Further, I authorize the site director to request medical treatment as necessary to insure my child's well being.

If under the age of 18, a parent or guardian's signature is required. Please print except for signature.

Player's Name _____ Signature _____ Date: _____

Parent Name _____ Signature _____ Date: _____

Health Insurance Provider _____ Policy # _____

Doctor's Name _____ Doctor's Phone Number _____

Send completed form & payment to Longstreth Training Academy (address above) by Tuesday, September 7th.