



SPORTS ZONE ACADEMY



SPORTS ZONE

3153 NEW BUTLER RD

SPORTS ZONE

NEW CASTLE, PA 16101

www.beavercountysportszone.com

2018 FALL BASEBALL PROGRAMS

ARM CARE PROGRAM

10 WEEK PROGRAM

7:00 PM – 8:30 PM

<u>Dates</u>	<u>Days</u>	<u>Ages</u>	<u>Cost</u>
October 24 – December 30	Weds, Thurs & Sunday	10 – 18	\$325.00

SUNDAY BASEBALL ACADEMY

7 WEEK PROGRAM

5:30 PM – 7:00 PM

<u>Dates</u>	<u>Days</u>	<u>Ages</u>	<u>Cost</u>
November 4 – December 16	Sunday	9 – 12	\$175.00

BACKYARD BALLERS

6 WEEK PROGRAM

5:30 PM – 7:00 PM

<u>Dates</u>	<u>Days</u>	<u>Ages</u>	<u>Cost</u>
November 14 – December 19	Wednesday	6 – 8	\$135.00

HITTING WORKSHOP

4 WEEK PROGRAM

6:00 PM – 7:00 PM

<u>Dates</u>	<u>Days</u>	<u>Ages</u>	<u>Cost</u>
#1 November 1, 8, 15, 29	Thursday	10 – 18	\$80.00
#2 December 6, 13, 20, 27	Thursday	10 – 18	\$80.00

Players Name _____ Birth Date ____/____/____ Parents Name _____

Address _____ City _____ State _____ Zip _____

Home Number _____ Cell Phone _____ Email _____

I/We hereby authorize Sports Zone Academy to act in my/our behalf in obtaining appropriate emergency medical treatment for my son/daughter if I/we am/are unavailable to do so myself. In addition, my son/daughter realizes sports are competitive and that injuries are part of the game. I/we assume all risks and hazards associated with this participation. I/we do hereby waive, release, absolve and agree to hold harmless Sports Zone Academy owners, staff and instructors for any claim arising out of injury to my son/ daughter.

Parents Signature _____ Date ____/____/____

Participating Clinics _____ Total Cost _____