

The Sports Zone Baseball Academy

Family Membership Agreement

2025 - 2026

The purpose of this agreement is to formalize that understanding between **The Sports Zone Baseball Academy** “Owner” and the undersigned “Member” consisting of player and family members. This agreement shall begin upon signing and receipt of payment and shall be valid through _____.

Membership – this membership entitles “Member” including all family members use of the facility at no cost based on posted Membership times and areas of availability. Any field rentals, lessons, etc. are paid by “Members” in accordance with published rates. The following are expected of all “Members”:

1. Membership entry code will be assigned and this code is **NOT** to be shared with any other individuals.
2. Rules and Regulations which are attached regarding care of facility, usage, parking etc. are to be followed by all “Members”.
3. “Members” are asked sign in upon arrival for “member cage” use. “Members are to use no more than thirty minutes of cage or pitching mound time if other members are signed up and waiting to use the facility. If no other members are present and cages or mound area is open then “Member” is free to use areas as long as they desire.
4. “Members” are not being charged for additional family members but are asked to use only one cage per family to allow adequate time for other members.
5. One hitter and one feeder will be allowed in a cage at a time.
6. Screens are to be used at all times.
7. Live hitting is allowed.
8. Your membership is \$50 per month and will be charged to your card on file on the last week of each month.
9. No cancellations during the first four months. After the first four months your membership becomes month-to-month at \$50.00 a month.
10. You can cancel any time after the first four months by notifying us by the 15th of the month.
11. You can book your time online up to seven days in advance.

Guest Policy – “Members” are allowed to bring guests to the facility. A Guest fee of \$20 per hour visit or \$10 per half hour visit **MUST** be deposited in envelopes (with member name, phone number and the word “guest” written on envelope) at facility and put in drop box. Adherence to this policy is very important so that all members have adequate access to the facility and guests are not interfering or taking advantage of the facility at no cost. No outside trainers are allowed.

Cancellation – **The Sports Zone Baseball Academy** reserves the right to cancel memberships at their discretion if they believe violation of the above or of any Rules and Regulations is to occur. Since this facility is not monitored by an employee we will be asking instructors, members and owners to notify us if they see any violations. We will

also be using web cams to monitor activity. If a membership is cancelled, "Member" will be given a prorated refund.

Liability/Insurance – the undersigned "Member" releases **The Sports Zone Baseball Academy** and any other person associated with this entity, for all claims or injuries which may be sustained by any player or spectator. The "Member" certifies that the player is covered by a medical and accident insurance policy. The "Member" grants permission and authorization in case of emergency for any physicians or hospital to treat any illness or injury in the best interest of the player.

The Sports Zone Baseball Academy was developed to provide a facility where individuals and teams may train, receive lessons and generally improve their baseball/softball skills to the best of their ability. We expect and demand "Members" take pride in the facility and treat it and other players with respect and in accordance with established rules and regulations. No seeds or chewing tobacco to be spit on the ground.

Equipment- **The Sports Zone Baseball Academy** provides all baseballs and softballs. There is no need to bring your own in. Please ensure you clean your cage and return our balls to where you found them.

I agree to the terms and conditions of the above membership agreement:

"Member" (Signature)

Date

"Member" (Printed Name)

Telephone Number

Primary Email Address

Home Mailing Address

"Member" Family Names:

Work The Zone!

Office Use Only: 2025-26 Membership: New _____ Renewal _____ Date Rec.: _____ Payment Amount: _____ CC#: _____ CVC#: _____ Exp: _____ Code Issued: _____ Date Issued: _____ Email or Phone: _____
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