



PRIVATE INSTRUCTION FORM

(Please print clearly)

PLAYER NAME:		DOB:	
ADDRESS:			
CITY:		ST:	ZIP
HOME: ())		OTHER: ())	
EMAIL:			
SCHOOL:	POSITION:	BATS:	THROWS:

LESSONS	1	2	3	4	5	6	7	8	9	10
Date Completed										
Initials										

LESSONS	11	12	13	14	15	16	17	18	19	20
Date Completed										
Initials										

PAYMENT: _____
 Cash: \$ _____ Check: \$ _____ (# _____)

Notes: _____

PAYMENT POLOCY:

1. Lesson(s) must be paid at the time of the lesson.
2. Lesson(s) can be shared by more than one person in the same family.
3. Try to arrive at least 10 minutes prior to each lesson. Tardiness will not be made up.
4. Players must bring their own equipment with the exception of baseballs / softballs.

CANCELLATION PROCEDURES:

1. Valid cancellations are those made at least one day prior to a scheduled lesson.
2. In the event of an emergency please phone as soon as possible by calling 630.728.0503 or 630.682.8003. I book the cages in advance so please be courteous by calling so I can open the rented cage to the public.
3. Same day cancellations will be charged a \$10 fee per half hour lesson.
4. Failure to attend a scheduled lesson without valid cancellation, full fee will be charged for that lesson.

PARENT / GUARDIAN AUTHORIZATION:

As the parent / guardian of _____ (the "participant") understands that the applicant will be engaging in physical activity during the program which contains an inherent risk of physical injury and the undersigned assumes the risk and releases and holds harmless p-gap inc., coaches, and employees, including and specifically all persons employed by Eddie Pieczynski or himself, from any and all liability for personal injury or property damage arising out of the applicants participation in any baseball camps or private instruction. I hereby grant my permission for my child to attend any p-gap, inc. camps or participate in private instruction.

PARENT / GUARDIAN SIGNATURE _____ DATE _____

PRINTED NAME _____