

Application - 2010

Student's Name: _____ Age: _____ Grade: _____

Full Address: _____

Parent/Guardian Name: _____ Day Phone: _____ Night Phone: _____

eMail: _____

Insurance Company: _____ Insurance Policy #: _____

Baseball Position (1st Choice): _____

Sessions

Session 1: June 28th - July 2nd
\$215.00

Session 2: July 6th - July 9th
\$215.00

Session 3: July 12th - July 16th
\$215.00

T-Shirt Size (Adult Sizes)

Small

Medium

Large

X-Large

Authorization and Indemnification: I hereby request that my child, named above, be admitted to the Andover Warrior Baseball School LLC. I authorize the manager to act for me according to his best judgment if an emergency situation requiring medical attention should occur. I will be responsible for any medical charges in connection with my child's attendance at the school.

Signature (Parent or Legal Guardian): _____

Enclose the following:

- Completed and Signed Registration Form
- Completed and Signed Updated Health History (Including Physical and Immunization) Form
- Physical and Immunization Form (within 2 years)
- Check or Money Order for Total Tuition

Make Checks Payable to: Ken Maglio, Manager
Mail to: Ken Maglio, 4 Mayflower Lane, Pelham, NH 03076

If you have questions or would like additional information do not hesitate to contact us at DCS at (978)623-8274 or **Ken Maglio at (603)635-2158 Ken.Maglio@comcast.net.**