

Pre-Game Training / Baseball Skills

RWST Hitting Academy

www.RoadWarriorSports.com

Registration Form

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Cell Phone: _____

Email: _____ Division: (Jr. Rookies) (Rookies) (Minors) (Majors) (Boys)

DOB: ___/___/___ Primary Position: _____ Secondary Position: _____

School: _____

Have you trained with Road Warrior Sports Before? Yes _____ No _____

Which day & session will you be attending?

Cost Of Program: \$25.00

Program Includes

**30 Min Pre Game Hitting Training focusing on* Wrist & Forearm Development *
Explosive Hitting Power * Fast-Twitch Muscle Fiber Bat Speed * Core Strength *
Hand/Eye Coordination* Stance * Grip & Feet *Legs & Hips *
Direction & Momentum* Swing Mechanics**

Waiver/Release Form

I, the parent/guardian of the registrant, a minor, or an Adult registrant of legal age, agree that the registrant and I will abide by the rules of the activities, I hereby release, discharge, and or otherwise indemnify Road Warrior Sports Training, Chasing the Dream LLC its officers, coaches, managers, affiliated organizations, sponsors, their employees, and associated personnel against any claim by or on behalf of the registrant as a result of the registrants actions. I affirm that the registrant is in sound physical and healthy condition and that the athlete is covered by accident insurance secured independently. As parent/guardian of the registrant I hereby give permission for the participant of the program to be transported for emergency medical care. I hereby authorize consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions necessary To preserve life, limb, or well being of the dependent.

I/WE HAVE READ THE ABOVE AGREEMENT AND UNDERSTAND THAT I/WE GIVE UP CERTAIN RIGHTS BY VOLUNTARILY SIGNING IT.

Printed Name of Parent/Guardian or Adult Participant

Date

Payment Method

___ Cash in Full: \$25.00

___ Check in Full Amount: \$25.00

___ Via Paypal – rwst@ymail.com

Date: ___/___/___

Signature