

Little Sluggers

Thursday Daytime Baseball Program

September - December 2014 sessions



The Little Sluggers program is designed to teach the basic skills needed to play the games of baseball or softball. Players will work on throwing, hitting, catching ground balls, and running the bases in a fun and structured environment.

Clinic Location: The Arena Club
2304 Churchville Road
Bel Air, MD 21015

Little Sluggers Daytime Baseball

For: Children ages 3 to 6 years old
Day: Thursdays for 5 weeks
Time: 12:00pm - 12:45pm

Fall 2014 Session Dates:

(separate registration & fee for each)

- ♦ **Oct 9 - Nov 6** (Thursdays)
- ♦ ***Nov 13 - Dec 18** (Thursdays)
**No class on Nov 26th - Thanksgiving*

Children will be required to wear tennis shoes/sneakers (no cleats) and athletic shorts/pants. No baseball/softball gloves or bats are necessary for this program. We recommend that you bring a water bottle for water breaks.

Cost: \$50 for members \$65 for non-members

410-734-7300

www.thearenaclub.com



Program Registration Form



NAME OF PROGRAM: _____

DAY(S) OF PROGRAM: _____ DATE(S) OF PROGRAM: _____

PARTICIPANT'S NAME: _____ MEMBER: **Y** **N**

AGE: _____ DOB: ____/____/____ GENDER: **Male** **Female**

PARENT NAME (if participant is under 18): _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME #: _____ CELL #: _____

EMAIL: _____

EMERGENCY CONTACT: _____ CELL # _____

HEALTH INFORMATION: Please list any special needs, medical or behavioral conditions, or medications that we need to be aware of to ensure your child's safety (allergies, asthma, etc.)

RELEASE: I have read and answered to the best of my knowledge, the above questionnaire. I agree that all exercise and activities (including, but not limited to exercise classes, cardio, strength equipment, pools, field activities) shall be undertaken by me at my sole risk. I release Harford Health & Fitness Club, Inc., its officers, directors, employees and shareholders, from any claim for any injury to me personally, damage to my personal property, or theft thereof, while I am at the Harford Health & Fitness Club, including claims arising from negligence of Harford Health & Fitness Club employees or agents. I understand that I must be a current member in good standing at the time of service to receive member discount. I understand that all images (photographic and video) taken can be used in future marketing.

Signature / Parent or Legal Guardian must sign if participant is under 18 _____
Date

PAYMENT INFORMATION:

TYPE OF PAYMENT: _____ CHECK _____ CASH _____ CREDIT CARD (Visa & MC accepted)

VISA / MC # _____ EXP: _____

AMOUNT PAID: _____ DATE PAID: _____

Staple Receipt Here
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