



Crossover Sports Academy

www.crossoversportsacademy.com

I would like to register for the following private lessons:

☐ **Baseball** ☐ **Basketball**

☐ 60 Minute Private Lesson \$80.00

☐ 30 Minute Private Lesson \$45.00

☐ (4) 30 Minute Private Lessons \$160.00

☐ (4) 60 Minute Private Lessons \$300.00

Checks should be made payable to Crossover Sports

Name _____ Age _____ Date of Birth _____

Address _____ Apt. _____ Zip Code _____

Home Phone _____ Cell Phone _____

E-mail Address (print clearly) _____

Parents Names _____

Parent Signature _____

Please note: 1) No refunds on private lessons. 2) Please arrive promptly to obtain your full session. 3) 24-hour cancellation notice is required. Unless canceled with 24, or more, hours notice, you are financially responsible for the time reserved. 4) Tardiness of 15 minutes or more will result in cancellation of appointment, unless otherwise agreed upon. 5) Students without parental consent to go home unescorted should have an adult present or nearby. 6) Outdoor lessons in bad or severe weather will be rescheduled to an agreed upon time with the client. 7) Students must be prepared with the agreed upon equipment if any is required.

Release Statement

I, the parent/guardian of _____, do hereby give my approval for him/her to participate in any and all activities of Crossover Sports Academy and agree to abide by all rules and regulations of the institution. I assume all risks and hazards incidental to such participation in these activities, and I do hereby waive, release, absolve, indemnify, and agree to hold harmless Crossover Sports Academy, its officers and directors, the organizers, sponsors and supervisors, from any claims arising out of an injury to my child/dependent. I also understand Crossover Sports Academy's refund, policy.

Signature of Parent/Guardian _____ Date _____

Payments are accepted by check or credit card

Credit card transactions will be assessed a \$10.00 processing fee

Card Type _____ Card Number _____

Expiration Date _____ Security Code _____

Mail to forms and payment to:

Crossover Sports Academy - 304 West 117 St - Suite 5D - New York, NY 10026



Crossover Sports Academy

www.crossoversportsacademy.com

Name _____ Age _____ Date of Birth _____

Address _____ Apt. _____ Zip Code _____

Home Phone _____ Cell Phone _____

E-mail Address (print clearly) _____

Notify in case of an emergency:

1) _____ Relationship: _____

Phone: _____ Phone: _____

2) _____ Relationship: _____

Phone: _____ Phone: _____

My child _____ has permission to leave the premises unescorted by an adult

Circle one YES NO

Release Statement

I, the parent/guardian of _____, know of no reason to restrict my child's activities and do hereby give my full permission for him/her to participate in any and all activities of Crossover Sports Academy, and I agree to abide by all rules and regulations of the institution. I assume all risks and hazards incidental to such participation in these activities, and I do hereby waive, release, absolve, indemnify, and agree to hold harmless Crossover Sports Academy, its officers and directors, the organizers, sponsors and supervisors, from any claims arising out of an injury to my child/dependent.

Parent's Name _____ Parent's Signature _____

If you have any questions please feel free to contact us at
info@crossoversportsacademy.com or 212.864.0586