

चiCHIFRロ Basehall \& Softhall Academy


Program run by Lou DiChiaro

Top Baseball/Softball Instructor

## Mon. - Fri. <br> 9am-3pm

Includes: Baseball/ softball drills with emphasis on fielding, hitting, catching, base running, pitching PLUS games according to players age.

## Superdome Sports Center

 134 Hopper Avenue
## Walwick, NJ 07463



## Practice Indoor in their full AC <br> facility or Outdoor on their Turf Field

* Weekly rate for half day program: \$249: 9am -12pm. Daily rate: \$85 Lunch - Hot lunch purchases available.


## Superdome [Weeks ofi] Aug 12 Aug 19

Player Name $\qquad$ Date of Birth $\qquad$ Grade $\qquad$
Address $\qquad$ City $\qquad$ State $\qquad$ Zip $\qquad$
Phone W / H $\qquad$ Cell $\qquad$ e-mail: $\qquad$ Payment Type: $\square$ Check (made payable to Dichiaro Baseball \& Softball Academy) $\square$ Visa $^{*} \square$ MasterCard* *Card Number $\qquad$ Security Code $\qquad$ Expiration Date $\qquad$
Mail to: Dichiaro Baseball and Softball Academy, 80 Carnot Avenue, Woodcliff Lake NJ 07677

## Consent and Waiver

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[^0]:    I, individually or on behalf of my child or ward, understand that participating in lessons, camps, team workout or other activities (the programs) offered by Lou DiChiaro's Baseball \& Softball Academy, Inc. (the company) entails inherent risks of physical injury, or contracting COVID-19, and that my participation or the participation of my child or ward could result in physical injury and/or contracting COVID-19.

    In consideration of my or my child's or ward's participation in any or all of the company's programs, I individually or on behalf of my child or ward, including my or my child's heirs and assigns, release Lou DiChiaro's Baseball \& Softball Academy, Inc., its officers, employees, agents, and volunteers, from any and all claims and liabilities arising from participation in the company's programs.

    I certify that I am the parent/guardian of $\qquad$ and that I am over the age of 18.

    Signature of parent/guardian

