



2018
 Summer Baseball Positional Practice
 Registration Form
1st Grade – 8th Grade

Check Practice Attending	Circle skill level below			Cost	Practice Date
	Beginner	Intermediate	Advanced	\$75	June 11-14
	Beginner	Intermediate	Advanced	\$75	July 16-19

Amount Submitted: \$ _____ Check Number: _____ Position: _____ (catchers will need to provide their own equipment)

This practice is for any child that is looking to increase their skill level in baseball. Participants will learn different drills that will enhance their skill in baseball. At the start of each day, participants will warm-up and then do infield/outfield/and hitting drills. Participants will then divide into their positional practice. If you would like to improve your child's fielding position or hitting, then this is the practice for them. Slots will fill fast, send in your registration form as soon as possible. **Once payment has been received or deposited, fees are non-refundable nor transferable.**

Please mail in this form by May 23, 2018.

Registration Information: (Please fill out a form for each child)

Participant Name: _____ Parent's Name: _____
 Phone Number: _____ Phone Number: _____
 Email: _____ Email: _____
 Age: _____ DOB: _____ Incoming Grade: _____

By signing below, I (please print) _____ give permission for my child (please print) _____ a minor to participate in TopFlight Sports programs (TopFlight Sports will be recognized as TF in the rest of this document). I recognize these activities will involve strenuous activity and certify that the Participant is fit to engage in an activity of this sort. I recognize the risks that are inherent in the activities proposed for this activity. In case of an emergency involving the Participant, I understand that the TF staff will make all reasonable attempts to contact me at the supplied telephone numbers on this document. If the TF staff is unable to contact me, I hereby authorize the TF staff, or physician selected by TF, to hospitalize and/or secure proper treatment for the participant. I, therefore give my approval for the participant's participation in all activities at the TF practice and assume all risks and hazards incidental to such participation and do, for myself, my heirs, executors and administrators, waive, release, indemnify, and forever agree to hold harmless the TF program club & Buda Parks & Recreation its staff, officers, agents, representatives, sponsors, advertisers, coaches, teams, volunteers, employees, heirs, successors, and assigns of and from any all rights and claims for dangers resulting from injury to person or property which may be sustained or occur during participation in TF activities, whether said damages, injury or loss is due to negligence or not.

PARENT SIGNATURE: _____ **DATE:** _____

Please mail in the form above the line below along with payment

DETACH HERE

Mail in form above; keep the information below for reference.

DETACH HERE

Registration

Please fill out a 2018 form for each child. Mail form along with check payable to TopFlight at:

PO Box 367 Buda Tx, 78610.

Needed every day: water jug, bat, helmet, hat, baseball pants, and glove

Practice Dates: June 11-14 & July 16-19, walk-ins welcome (\$25ea day)

Practice Time: 9am-12pm

For additional information please contact Charlie Tamez at 512-413-3283/charlietamez@gmail.com

www.TXTopFlightSports.com

SITE – Buda Sports-Plex Field 1