

Just Hits LLC/Power Arm Performance

@ NJSA

Parents/Guardian's Names _____

Player/s Name _____

Player/s Date of Birth _____

Full Address _____

Cell Phone Number/s _____

Home and/or Work Numbers _____

Best Email/s to Reach Both Guardians _____

Waiver Authorization for Participation

I fully comprehend that baseball lessons are extreme workouts both physically, mentally, and emotionally and at any time during the workout a bodily injury can occur. I hereby assume all risk of my child's participation with Just Hits LLC and Power Arm Performance (PAP), or any other subcontractor, or consultant retained by Just Hits LLC or PAP performed at the 50 Spring Street, Ramsey, NJ training facility or at any other location requested by instructor or parent for said lesson, camp or clinics and hereby waive and release any and all claims or liabilities for any type of personal injury, which may arise out of or relate to my child's lesson at or involving the NJSA training facility. I hereby waive and discharge Just Hits LLC, PAP, NJ Sports Academy, Yankee Partners, LLC and any consultant, subcontractor utilized by Just Hits LLC and/or PAP, from any claims made, or liabilities assessed against them as a result of my child's training at the NJ Sports Academy training facility located at 50 Spring Street, Ramsey, NJ and assume any and all risk related to said training.

I understand there is a 48 hour cancellation policy and I will be charged in full if I do not give my instructor notice within 48 hours if a time slot needs to be altered in anyway. I understand that packages are meant to be used consecutively and expire after 6 months of the date of purchase.

Parent or Guardian Signature: _____