



Brian Nelson
 Owner/Head Instructor
 (678) 492-7757
 nelsonbaseball@comcast.net
 www.nelsonbaseballschoo.com

Name _____ DOB: ___/___/___ Parents _____
 Address _____ School _____ Summer Team _____
 City _____ State _____ Zip _____
 Phone _____ Grade _____ Email _____

Rates:

(30 Minute Lessons)

Single Lesson: \$50
Four Lessons: \$190
Eight Lessons: \$350
Ten Lessons: \$425
Twenty Lessons: \$800

(1 Hour Lessons)

Single Lesson: \$80
Four Lessons: \$300
Eight Lessons: \$550
Ten Lessons: \$675
Twenty Lessons: \$1,200

Group Lesson: \$120 (2-4 Players)

Team Practice: \$200 (1 1/2 Hours)

****NBS Off-Season Special****

Sept 1st – February 2010

(30 Minute Lessons)

48 Lessons: \$1,700

(1 Hour Lessons)

48 Lessons: \$2,400

Emergency contact: _____ Telephone # _____

I hereby request and grant permission to the instructors and officials of the Nelson Baseball School training program to provide care to my child in the event of injury or illness if I am not present. Such care may include, but shall not be limited to, first aid treatment, transporting to a medical facility or the summoning of emergency assistance. I the undersigned parent or appointed guardian of the above named child, do hereby agree to indemnify and hold harmless Nelson Baseball School, LLC, and instructors from all liability for the above named child's activities of any nature with said association. I acknowledge that participation in this training program and related activities involves an inherent risk of physical injury, and on behalf of the registrant, hereby assume all such risk and do hereby release and forever discharge Nelson Baseball School, LLC, and all agents thereof from any and all liability of whatever kind of nature, arising from and by reason of any and all known and unknown, foreseen and unforeseen bodily and personal injuries, damage to property, and the consequences thereof, resulting from this registrant's participation in or involvement with this clinic, including any failure of equipment or defect on or in the premises.

SIGNATURE OF PARENT/GUARDIAN:

_____ Relationship _____ Date _____