



## BASEBALL PERFORMANCE PROGRAM



**Looking for players ages 8-10 years old**

### **Baseball program includes**

- Fielding Mechanics • Hitting Techniques • Pitching Mechanics
- Team Batting Practice • Speed & Agility Training • Plyometric Training
- Weekly Games (Non-National Tournaments) • and More

### **Staff**

- Rainel Caranto, Business Manager –International Baseball Association, Asia
- Matt Hank, Strength & Conditioning Coach - Former Trainer for Los Angeles Angels
- Marc Kennedy, Coach - Pitcher San Diego State University, Chicago White Sox Draftee
- Russell Hoglund, Coach - Asst Varsity Coach for Valencia HS

**For more information contact:**  
**Rainel Caranto 661-803-7549 or**  
**[Rainel@asapbaseballacademy.com](mailto:Rainel@asapbaseballacademy.com)**

**visit us at [www.asapbaseballacademy.com](http://www.asapbaseballacademy.com)**



**Baseball Performance Program  
Registration Form**

**For Players Ages 8-10**  
*All Inclusive (\$450 per player)*

- 12 week program
- Weekly in-door batting practice
- Weekly games
- ASAP Baseball Cap
- Weekly on-field practices
- Weekly agility, speed, and plyometric training
- High Level Instruction from Professional and Experienced Coaches
- ASAP Baseball Academy Practice Shirts (Light and Dark)

**Players Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_ **Players Shirt Size:** S M L XL

**Street Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Home Phone Number:** \_\_\_\_\_ **Cell Phone Number:** \_\_\_\_\_

**Fax Number:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_

**Name of Parent / Guardian:** \_\_\_\_\_ **Emergency No.:** \_\_\_\_\_

**Player Bio**

**Years of Experience:** \_\_\_\_\_ **League (circle all that apply)** Pony Baseball Little League Other \_\_\_\_\_

**Division:** \_\_\_\_\_ **Where:** \_\_\_\_\_

**Explain briefly what you want to accomplish from this program:** \_\_\_\_\_

\_\_\_\_\_

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Make Checks Payable To:**  
**ASAP Baseball Academy**  
**23900 Rancho Court**  
**Valencia, CA 91354**  
**Fax: 661-257-1970**

ASAP Baseball Academy reserves the right at any time, to cancel a player's registration and refund all deposit(s). In addition, failure to comply with ASAP Baseball Academy requirements, policies or deadlines will also cause cancellation of a player's registration or placement.



For the player, \_\_\_\_\_, the player and/or the person paying the registration fee hereby accepts the opportunity to participate in the ASAP Baseball Performance Program, and agrees to the following terms:

- I understand that I am not entitled to a refund of the registration fee if I am/my son is unable to attend the event because of illness, injury, scheduling conflict or for any other reason.
- I understand and acknowledge the risks and dangers involved in my/my child's participation in the event and assume all risks of injury and damage incident to my/my child's participation. Further, in consideration of my/my child being allowed to participate in the event, I hereby release, discharge and relinquish, **ASAP Baseball Academy**, its officers, agents, representatives, employees and officials of and from all claims, demands, actions and causes of action of any sort, for any injuries sustained by me/my child while participating in the event and agree to hold them harmless and indemnified.
- I understand that **ASAP Baseball Academy** does not provide medical insurance coverage for the players. By signing this waiver I acknowledge to **ASAP Baseball Academy** that I have medical insurance coverage and will be responsible for all medical expenses incurred as a result of participating in the event.
- I agree to abide by the rules and regulations of the baseball stadium/field on which the event is held including such things as not using alcohol or tobacco products on the grounds or in the parking lots. I understand that I may be removed from the event for violating any of these rules.
- **ASAP Baseball Academy** takes candid photos and videos of all the participants. Your agreement here implies willingness to be photographed. These photos may be used on our Web site, in videos sold to participants or in our marketing material.

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Parent / Guardian Signature

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Date



# PERSONAL MEDICATION RECORD

## Parents / Guardian:

1. **ALWAYS KEEP THIS FORM WITH THE STUDENT / CAMPER.** You may want to fold it and keep it in your sons / daughters equipment bag. Then it will be available in case of an emergency.
2. Write down all of the medicines the child is taking and list all of the allergies.
3. **PLEASE PROVIDE A COPY OF THIS FORM AND SUBMIT IT TO THE CAMP DIRECTOR.**
4. In the NOTES column, write down why your son / daughter are taking the medication (Examples: high blood pressure, high blood sugar, high cholesterol).

## WHY IS THIS FORM IMPORTANT?

1. This form helps the students / campers **remember** all of the **medicines he / she is taking**.
2. Provides the instructor(s) and director(s) with a **current list of ALL of your child's medicines**.
3. Concerns may be found and prevented by knowing what medicines your child is taking.

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