

**Instructional Baseball Program- BHM Buckeyes Baseball Club**

**Covering All the Aspects of the Game: Baseball Footwork Program**

**November 2021**

The BHM Baseball Instructional Baseball Program is designed for small Group Instruction for **ages 13-18.** Participants will receive skill instruction in specific areas of footwork techniques and skill enhancement drills to improve speed and agility associated with playing the game of Baseball.

**Program Dates: November 3, 10, 17, 2021**

**Time: 6:00-7:30pm**

**The program will cover the following areas/training for baseball:**

**Flexibility and Core Exercises/Footwork and Speed Enhancement Drills/ Baserunning Techniques**

**Cost:** **$60.00.** **$25 per individual session**

**How to register:** Fill out the application form and sign the Waiver of Liability and mail to the address listed below. **A letter or email of confirmation will be sent verifying application has been received.**

Checks should be made payable to: Baseball Heritage Museum or BHM

**Mail to:** Baseball Heritage Museum/ PO Box 201403/ 3675 Warrensville Center Road, Shaker Hts., OH 44120

Credit Cards Accepted: Please play directly through the website @ <https://baseballheritagemuseum.org/travel-baseball-forms-fees-locations/>.

Please email a copy of the receipt you receive for payment.

**Questions: Contact: Jay Murphy © 216.978.8168 or Email:** jay@baseballheritagemuseum.org

**Location:** IAC/Andrews Osborne Academy, 38588 Mentor Drive, Willoughby, OH 44094

**REGISTRATION FORM**

Participant’s name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip:\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Names:

Phone (Cell :

E-mail:

List any allergies or medical conditions:

*\* Waiver of Liability must be signed and returned with application*

**Waiver of Liability:**

I hereby allow my child to participate upon my initiative and application and assume all risks of his/her participation in the BHM Buckeyes Baseball Club (Baseball Heritage Museum) Instructional Baseball Program at Andrews Osborne Academy and in consideration of his/her participation in said program due hereby waive and release all claims arising as a result of personal injuries or property loss during such program. If a parent or guardian is not present, I furthermore authorize the staff program in the event of illness or injury to administer emergency care and to arrange for any medical transportation to the nearest health care facility deemed appropriate. I understand every effort will be made to contact the parent or guardian prior to any involved treatment. I grant permission to a qualified physician and/or other medical personnel to furnish medical care using the above guidelines and while my son is participating in the BHM Buckeyes Baseball Club (Baseball Heritage Museum) Instructional Baseball Program. I also agree that my insurance carrier or I will bear the financial responsibility for any medical treatment administered under the above guidelines.

Parent’s Signature: Date