



LEADOFF BASEBALL ACADEMY

6910 Stroop Lane * Smyrna, TN * 37167
(615) 995-2811 * LeadOffBaseballacademy@gmail.com

Member Name: _____ Member DOB: _____

Member's Parent's/Guardian's Name(s):

Mailing Address:

Phone: _____ Email Address: _____

Emergency Contact Name and
Phone: _____

Does the Member have any allergies or medical conditions of which LOBA should be aware?

Membership Benefits

- **Rookie Program** is designed for our younger players, or players that are limited in the amount of time they have available. The Rookie Program includes 1 hour of hitting per visit, \$20 off all private lessons, 20% discounts on all clinics/camps, and the LBA store. **The cost of the Rookie program is \$45.00 a month and a \$25 registration fee.**
- **All-Star Program**- This program includes everything includes in the Rookie Program, plus free access to 1 weekly clinic, and 50% off all other clinics and camps. **The cost of the All-Star Program is \$70 a month and a \$25 registration fee.**
- **MVP Program** includes everything in the All-Star Program, unlimited cage rental for the member, free enrollment to all of our weekly clinics, and 50% off all other camps. **The cost of our MVP Program is \$99 a month plus a \$25 registration fee.**

Selected Desired Package (All packages require a 6 month agreement)
Summer Membership Agreement- 2 month agreement, no registration fee.
Members may bring friends for an additional \$10 per player per visit.

Rookie Package

All-Star Program

MVP Program

Payment Options

<i>Card Holder Name (Business or Individual)</i>	<i>Account Number:</i>
Card Type <input type="checkbox"/> Mastercard <input type="checkbox"/> Visa <input type="checkbox"/> Amex	<i>Expiration Date:</i>
<i>Card Holder Billing Address:</i>	

I authorize Lead Off Baseball Academy to charge my credit card for LOBA services and products. Should my card expire or be declined, I will promptly provide LOBA with new card information.

Check one: _____ (6) Recurring payments (Automatically processed on the 1st of each month)
 Charged amount will be based on package selected.
 _____ One-time payment of _____ (**One month FREE**)

 Cardholder Signature

 Date

2. CASH / CHECK (Must be paid in full)

Check # _____

LOBA will safeguard the above confidential information. It will be used solely for its intended purpose in connection with this Membership Agreement and will not be released to any unauthorized parties.

Membership Agreement/General Release:

1. I agree, acknowledge, and understand the nature of and risks involved with indoor baseball and softball activities and other related activities performed at Lead Off Baseball Academy (hereinafter "LOBA"), and I am and/or my child is of good health and physical condition to participate in such activities.
2. I agree that I and/or my child will comply with all applicable rules, written and verbal, of LOBA, including but not limited to the proper use of all equipment and safety gear. 6910 Stroop Lane • Smyrna, TN (615) 306-5865 • LeadOffBaseballAcademy@gmail.com
3. I fully accept and assume all possible risks and responsibilities for losses, costs, damages, and injury that may result from my and/or my child's participation in these activities, or that may result when I am and/or my child is a spectator of these activities. This does not include any loss or injury that may result from any gross negligence of LOBA or its employees.
4. I hereby voluntarily waive and release for myself, my child, my and/or my child's heirs, executors, administrators, and assigns any and all claim(s) that I/we may have for damages or any other relief against LOBA, its owners, operators, managers, agents, employees, and sponsors that resulted from my and/or my child's participation in the activities or that resulted when I and/or my child was a spectator of the activities.
5. I understand that in order to participate in the activities engaged in at LOBA that I and/or my child must be covered, without lapse during the period of this Agreement, with full and adequate medical/health and/or accident insurance. I certify that I am and/or my child is covered by a medical/health and/or accident insurance plan.
6. I agree to pay the amount detailed above to LOBA in accordance with the Payment Schedule described herein. I understand that membership dues are non-refundable and non-transferable. Failure to make

payment when due, unless other arrangements have been made with LOBA in writing, shall be cause for immediate removal from membership privileges.

7. If any portion of this Agreement is held by any court to be void, voidable, or of no effect, the remainder of this Agreement is to be considered valid and enforceable.

NOTICE TO THE MINOR CHILD'S NATURAL GUARDIAN

READ THIS FORM COMPLETELY AND CAREFULLY. YOU ARE AGREEING TO LET YOUR MINOR CHILD ENGAGE IN A POTENTIALLY DANGEROUS ACTIVITY. YOU ARE AGREEING THAT, EVEN IF LEAD OFF BASEBALL ACADEMY, ITS OWNERS, OPERATORS, MANAGERS, AGENTS, EMPLOYEES, AND SPONSORS USE REASONABLE CARE IN PROVIDING THIS ACTIVITY, THERE IS A CHANCE YOUR CHILD MAY BE SERIOUSLY INJURED OR KILLED BY PARTICIPATING IN THIS ACTIVITY BECAUSE THERE ARE CERTAIN DANGERS INHERENT IN THE ACTIVITY WHICH CANNOT BE AVOIDED OR ELIMINATED. BY SIGNING THIS FORM YOU ARE GIVING UP YOUR CHILD'S RIGHT AND YOUR RIGHT TO RECOVER FROM LEAD OFF BASEBALL ACADEMY ITS OWNERS, OPERATORS, MANAGERS, AGENTS, EMPLOYEES, AND SPONSORS IN A LAWSUIT FOR ANY PERSONAL INJURY, INCLUDING DEATH, TO YOUR CHILD OR ANY PROPERTY DAMAGE THAT RESULTS FROM THE RISKS THAT ARE A NATURAL PART OF THE ACTIVITY. YOU HAVE THE RIGHT TO REFUSE TO SIGN THIS FORM, AND LEAD OFF BASEBALL ACADEMY HAS THE RIGHT TO REFUSE TO LET YOUR CHILD PARTICIPATE IF YOU DO NOT SIGN THIS FORM.

I agree that I have read, understood, and specifically agreed to all the language in this Membership Agreement and General Release. I understand that, by signing this release, I may be giving up rights afforded to me by law and I willingly and voluntarily do so.

Signature (if Member 18 or older): _____ Date: _____

Parent/Guardian Signature (if Member under 18): _____ Date: _____

Lead Off Baseball Academy RULES

1. Prior to using the facility for the first time, Members must undergo a training session with a LOBA employee and must complete a Membership Agreement and General Release.
2. Spectators are not allowed in the playing area unless invited by a LOBA employee.
3. NO food, beverages (except water in a closed container), or chewing gum allowed in the playing area.
4. Appropriate clothing must be worn at all times. NO flip-flops. NO baseball cleats.
5. Helmets must be worn at all times in the batting cages.
6. NO leaning or pulling on any of the nets in the playing area.
7. A pitching machine operator must be at least thirteen (13) years of age.
8. The only people swinging bats are those in the batting cages or other designated hitting areas.
9. Members must pick up all bats, balls, and other equipment. If you move a screen or pitching mound, please return it to where you found it.
10. NO baseball or loitering allowed in the parking lot.
11. NO tobacco products allowed in the facility.

LOBA shall have the right to amend, modify, or change in any way these Rules. All Members, Spectators, and Visitors agree to abide by these Rules and any changes. Any person in violation of these Rules is

subject to immediate removal from the facility and/or revocation of their membership privileges, including forfeiture of membership dues.

I acknowledge that I have and/or my child has read and understood these Rules. I agree and/or my child agrees to abide by these Rules and any verbal rules or instructions given by LOBA employees.

Signature (if Member 18 or older): _____ Date: _____

Parent/Guardian Signature (if Member under 18): _____ Date: _____