



# 2020 APPLICATION

*Sweet Swing Hitting Academy  
The Rivers School  
333 Winter St., Weston, MA 02493  
July 17-18, 2020 9AM-12PM  
Grades 4-8  
\$99*

Camper Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ 2<sup>nd</sup> Phone in case of emergency: \_\_\_\_\_

Email Address: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Ht: \_\_\_\_\_ Wt: \_\_\_\_\_ Grade \_\_\_\_\_

Would you like info on RISING STAR Basketball camps? Yes \_\_\_\_\_ No \_\_\_\_\_

**Payment Enclosed:** \$ \_\_\_\_\_

Team Rate list Names of 4 or more: \_\_\_\_\_

Send non-refundable application and payment to:

Sweet Swing Baseball  
2 Clocktower Place #233  
Nashua, NH 03060

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**AGREEMENT TO PARTICIPATE:** In case of a medical emergency, I understand every attempt will be made to contact parents or guardians. If they cannot be reached, I hereby give my permission to the physician selected by the academy to hospitalize and secure medical treatment for my child. The person enrolling at Sweet Swing Baseball Academy, Inc., parent or legal guardian assumes all risk of loss of property or injury to the person, including injuries resulting in death caused by or incidental to dangers associated with baseball activities and agree that there are certain inherent dangers related to baseball participation and therefore, agrees to hold Boston Sports Academy, dba Sweet Swing Baseball Academy, Inc., its owners and employees harmless and specifically agree not to make any claim against Sweet Swing Baseball Academy for any of these injuries which would normally be considered to be a normal risk associated with participation in baseball activity. Further parent/guardian understands risks involved with Coronavirus and other illnesses and holds Boston Sports Academy, it's owners and employees and Rivers School harmless and specifically agree not to make any claims against Boston Sports Academy, its owners and employees and Rivers School should this or any virus be contracted. Signature of parent/guardian acknowledges all risks listed above.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Health Insurance Co. \_\_\_\_\_

Policy Number \_\_\_\_\_

**Sweet Swing Baseball Academy is owned and operated by Boston Sports Academy  
For questions call 617-999-0324 or visit our website at [www.sweetswingbaseball.net](http://www.sweetswingbaseball.net)**