



Child's Name:	
Child's Age:	
Child's DOB:	
School:	
Class:	
Parent's Name:	
Address:	
Phone #:	H: W: C:
E-mail (Only used to send newsletters)	

Monthly tuition \$40.00 + \$10 annual registration Fee

Release

By signing this form, I waiver any and all claims for my child against ORLANDO PLAYBALL INC., it's coaches, and the school/staff, for any illness or injury which may result directly or indirectly from participation in this activity.

- **Payment is due by the first class of each month.**
- **\$10 late fee for payment received after the 10th of the month**
- **Please contact our office DIRECTLY to withdraw your child from Playball PRIOR to the first class of the month**
- **Classes are not prorated due to your child's absence/illness.**
- **There is no increase in tuition for months having more than 4 classes and no decrease for month having less than 4 classes.**
- **There is a \$25 retuned check fee**

Parents Signature:

Date:

*For other questions regarding Playball call
Rosalie Ersoff 407-761-5614
orlandoplayball@yahoo.com*