



**Diamond Sports Training**  
 45685 Oakbrook Court, Suite 110  
 Sterling, VA 20166  
 703-430-7011; 703-430-7012 (Fax)  
 www.DiamondSportsTraining.com



## Home School Program

Mondays: Feb 2 – Mar 23, 2009 (8 wks)

Fridays: Feb 6 – Mar 27, 2009 (8 wks)

Learn & Play Baseball, Softball, Dodgeball, Kickball & Soccer  
 Strength & Conditioning Drills

Multiple Instructors for Age & Skill Levels

Boys and Girls ages 7 and up

Mondays or Fridays 1:30–2:45 PM  
 (Skills instruction, games and conditioning)

**Cost: \$110 for 8 wks or \$15 per session**

Fill out below and return to Diamond Sports Training

### Home School 2009 Registration

Participant(s) Name(s)		Birthdate	M/F	Time Slot	
Last	First	MM/DD/YY		(Circle time slot. \$110/8 wks. \$15/session.)	
				Mon 1:30–2:45 PM	Fri 1:30–2:45 PM
				Mon 1:30–2:45 PM	Fri 1:30–2:45 PM
				Mon 1:30–2:45 PM	Fri 1:30–2:45 PM

**Payment Method:**    Cash    Check (Payable to DST) # \_\_\_\_\_    Visa    MasterCard  
 Credit Card # \_\_\_\_\_   Exp. Date \_\_\_\_\_  
 Cardholder's Name \_\_\_\_\_   Security Code \_\_\_\_\_

Mother/Guardian (last, first): _____ Address: _____ Phone: (h) _____ (w) _____ (c) _____ e-Mail(s): _____ Add to e-Mailing List?   Yes   No	Father/Guardian (last, first): _____ Address: _____ Phone: (h) _____ (w) _____ (c) _____ e-Mail(s): _____ Add to e-Mailing List?   Yes   No
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Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone # (during session hrs): \_\_\_\_\_  
 Health Insurance Co./Policy #: \_\_\_\_\_ Allergies: \_\_\_\_\_

I hereby state that my child is in good normal health and is able to participate in a strenuous physical activity. I recognize that all classes and activities of a physical nature involve some risk and, by registering for a specific activity, I am acknowledging that I understand the possible risks involved with this type of activity. I give my permission for emergency medical treatment in the event of injury or sickness. I waive and release Diamond Sports Training, its owners, and employees from any and all liability in case of an accident.

Signature (signed by Parent if under 18): \_\_\_\_\_ Date: \_\_\_\_\_  
 Printed Name: \_\_\_\_\_

My Child(ren)'s name or image may appear in Diamond Sports Training promotional materials:	Yes	No
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