

In partnership with the Lisle Baseball League,
the White Sox Training Academy presents. . .

SPRING TRAINING!



This 4-week training program designed specifically for the Lisle Little League will teach players the same spring training philosophies and drills used by our big league coaches and players to get both offensive and defensive skills ready for the season!

Make this season your best season. . .start with Spring Training!

DATES: Sunday, March 15, 22, 29, April 5

AGE: 7-10

TIME: 4:30-6:00pm **CODE:** 12021LLL1

AGE: 11-14

TIME: 6:00-7:30pm **CODE:** 12022LLL1

COST: \$99 per player

BONUS: Each player receives 4 Free Half-Hour Cage Rentals at the Lisle Academy... subject to availability and must be used between May 1 and August 31, 2009.



Baseball/Softball League, Inc.



REGISTER TODAY!

CHICAGO BULLS/WHITE SOX TRAINING ACADEMY

6200 River Bend Drive • Lisle IL • 60532 Or Fax to: (630) 324-8265 (baseball/fastpitch) or (630) 324-8268 (basketball)

Parent/Guardian Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Number: (_____) _____ Work Number: (_____) _____

Email Address (Required for Camp Confirmations): _____

Emer.Contact: _____ Emer.Contact Phone: (_____) _____

Participant's First Name (include last name if different)	Program Code	Sex	Age	Date of Birth MM DD YY	T-Shirt Size*	Fee

Payment Method (circle one): Check Visa Mastercard Discover Amex

*Note: Not all programs include t-shirts

Credit Card #/Check Number: _____ Expiration Date: _____

Verification Code: _____ Card Holder Signature: _____ Total Amount: _____
(3-digit code on back of card)

REFUND/CANCELLATION POLICY: Enclosed is the enrollment fee paid in full, for the above named student. I understand that my entire fee, less a 20% non-refundable processing fee will be refunded if such student cancels at least two weeks prior to the first day of camp. At any time after that date, I will receive a credit minus the 20% registration fee for future instruction. I further understand there will be no refund or credit for days unattended by student. The Chicago Bulls/White Sox Training Academy reserves the right to cancel any camp or decline any application. Permission is given to use my child's photo or endorsement for promotion.

WAIVER AND GENERAL RELEASE AND COVENANT NOT TO SUE: As parent or legal guardian for _____ (the "Participant") I hereby give my consent to Participant's participation in the program to be held by the Chicago Bulls/White Sox Training Academy. I acknowledge that participation in the program involves the risk of personal injury to Participant or others. Understanding that risk and in consideration of Participant being allowed to participate in the Program, I, on my own behalf and on behalf of Participant, Participant's heirs, administrators, executors, and assigns, hereby (i) fully release and discharge the Chicago Professional Sports Limited Partnership, Chicago Bulls Limited Partnership, and CBLA Corporation, The National Basketball Association, and its team members, NBA Properties Inc., and all of its and their respective officers, agents, employees, shareholders, and partners and representatives, and any and all of their respective subsidiaries or affiliates (the Releasees"), Roclab Athletic Instruction, LLC, Chicago White Sox Ltd., Chisox Corporation and all of its and their respective officers, agents, employees, shareholders, and partners and representatives, and any and all of their respective subsidiaries or affiliates (the Releasees), from any and all claims, demands, liabilities, or causes of action of whatsoever kind or nature, in longevity or otherwise, which hereinafter may accrue against them and which in any way arise as a result of Participant's participation in the Program, regardless of whether based on fault or negligence of the Releasees, (ii) covenant not to sue any of the Releasees for any matter relating to Participant's participation in the Program, and (iii) indemnify, defend, and hold Releasees harmless from and against any and all losses, damages, costs or expenses (including attorneys' fees and other costs of defense) which any of them may sustain as a result of, or in connection with, Participant's participation in the Program. I have read this Waiver and General Release and Covenant Not to Sue and Refund/Cancellation Policy carefully and fully understand the contents. I am aware that this is an agreement not to sue the Releasees and constitutes a complete release of liability by me and by Participant in favor of the Releasees. I acknowledge that I am signing this document of my own free will, with full knowledge of the risks being assumed which include, without limitation, the risk of injury or death to Participant regardless of how it arises and even if it results from the negligence or fault of the Releasees.

Signature: _____ Date: _____