



9100 Commerce Circle  
Trafford, PA 15085  
412-380-7000  
[www.allamericanbaseballcenter.com](http://www.allamericanbaseballcenter.com)

## College Break Membership

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

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

Phone: \_\_\_\_\_ School: \_\_\_\_\_

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

### **Emergency Contact Information:**

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

Phone: \_\_\_\_\_

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### **College Membership \$125**

The college membership is designed for students that are home for the holidays. The All American Baseball Center will be able to help you with all your training needs for the Winter Break. You will have unlimited access to our facility, while on break. Long Toss, Tee Work, Groundballs, Speed and Agility, are among just a few things that can be accomplished in our 30,000 square foot facility. Highlights of the membership are:

- Unlimited access to Turf Field
- Unlimited access to Batting Cages
- Unlimited access to Bullpen Area
- 2 **FREE** 30-Minute Lessons
- 10% Discount on Pro Shop Merchandise
- 75 Batting Cage Tokens
- Discount on Batting Cage Tokens (\$1 per token)
- Free All American Baseball Center T-Shirt

**Liability Release: (Must be signed by Parent or Guardian)**

I agree, acknowledge and understand the nature of baseball and softball activities, and my child is of good health and physical condition to participate in such activities.

I fully accept and assume all possible risks and all responsibilities for losses, costs, and damages that may incur as a result of my child's participation in these activities.

I hereby waive and release for myself, my child, their heirs, executors, and administrators, any claim we may have for damages against All American Baseball Center that resulted in my child's participation in the activity.

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_

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**Payment Options:**

Check (made payable to All American Baseball Center) Check No. \_\_\_\_\_

Visa

Mastercard

Name on Card: \_\_\_\_\_

Card No. \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Total Amount Charged: \_\_\_\_\_

Please mail completed registration and payment to:

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