



COMPLETE PERFORMANCE BASEBALL ACADEMY

REGISTRATION / AUTHORIZATION FORM

PLAYER / PARENT INFORMATION	
PLAYER NAME: _____	DOB: _____
AGE LEVEL: _____	UNIFORM # IN ORDER OF PREFERENCE: (_____) (_____) (_____)
PARENT NAME: _____	PARENT CONTACT # (_____) _____
PARENT EMAIL: _____	
ADDRESS: _____	
CITY / STATE / ZIP: _____	

PAYMENT AUTHORIZATION INFORMATION			
CREDIT CARD: AMEX _____	MASTERCARD _____	VISA _____	DISCOVER _____
AUTHORIZING PAYMENT FOR: CLUB TEAM _____	CAMP _____	LESSONS _____	OTHER _____
CARD HOLDER NAME: _____			
CARD HOLDER ADDRESS: _____			
CARD NUMBER: _____			
EXPIRATION DATE: _____	SECURITY CODE _____	ZIP CODE _____	
<p>I authorize the above-named business to charge the credit card indicated on this authorization. If the payment due dates fall on a weekend or holiday, I understand that payments may be executed on the next business day. I understand this authorization will remain in effect until I cancel it in writing and agree to notify the business in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. I certify that I am an authorized user of this credit card and that I will not dispute the scheduled payments with my credit card company provided the terms indicated in this authorization form.</p>			

REFUND POLICY: Complete Performance Baseball Academy incurs tremendous operating expenses. Due to those expenses, **THERE WILL BE NO REFUNDS FOR ANY REASON**. All sales are final, no refunds, no exceptions.

CARDHOLDER SIGNATURE: _____ DATE: _____