



# 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 \_\_\_\_\_

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.

**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: \_\_\_\_\_