

# The ROCK

~ regional sports academy ~

www.theRock.BaseballInstructionalShowcases.com

MATT. 7: 24-25

PSALM 62:2

**SO GLAD TO BE SCHEDULING A LESSON WITH YOU!  
YOU SHOULD BE WARMED UP AND READY AT THE START TIME WE SCHEDULE**

LESSON RATES ARE: \$45 / HOUR FOR INDIVIDUAL      \$30 / HOUR FOR SMALL GROUP OF 2  
\$20 / HOUR FOR GROUP OF 3-4      TEAM RATES AVAILABLE  
(CALL FOR DETAILS)

**5 LESSON SPECIAL ... \$199.00**

PLEASE MAIL PAYMENT WITH COMPLETED FORM BELOW

PAYMENT CAN BE MADE BY CHECK, MONEY ORDER, CREDIT CARD OR DEBIT CARD

YOU WILL BE CALLED/E-MAILED TO SCHEDULE YOUR LESSON(S)

MAIL COMPLETED FORM AND PAYMENT MADE PAYABLE TO **the Rock** TO:  
THE ROCK  
P.O. BOX 506  
YOUNG HARRIS, GA 30582

**(PLEASE DO NOT BRING PAYMENT TO THE LESSON & GIVE IT TO YOUR COACH)**

?? QUESTIONS BETWEEN NOW AND YOUR SCHEDULED LESSON ??  
FASTEST RESPONSE IS BY E-MAIL @ [LUANNR36@YAHOO.COM](mailto:LUANNR36@YAHOO.COM)  
OR CALL 706-897-2363

**I am Registering for LESSONS:**

**1 LESSON AT A TIME**

**5 LESSON SPECIAL**

Circle One

**I am Registering for:**

**BASEBALL**

**TENNIS**

**SOCCER**

Circle One

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ School: \_\_\_\_\_ e-mail: \_\_\_\_\_

Age: \_\_\_\_\_ Grade in 2008-09 school year: \_\_\_\_\_ Years of Playing Experience: \_\_\_\_\_

Parents Names: \_\_\_\_\_ Daytime Phone(s): \_\_\_\_\_

**Emergency Phone:** \_\_\_\_\_ Who: \_\_\_\_\_

**ALLERGIES:** \_\_\_\_\_ Meds. Sending for Allergies: \_\_\_\_\_

Insurance Info. **(Required)**: Policy Holder: \_\_\_\_\_ Ins. Provider: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Plan Number: \_\_\_\_\_ Phone: \_\_\_\_\_

This child does not have any medical insurance: \_\_\_\_\_ (Check here) Is child allergic to Sun Block? Yes / No

If paying with debit or credit card (Master Card / Visa / Discover only) Debit Credit (circle one)

16-digit Card number: \_\_\_\_\_ 3-digit CVV code: \_\_\_\_\_ Exp. \_\_\_\_ / \_\_\_\_

**MEDICAL CONSENT:** (for parent's signature) I hereby authorize the physicians, nurse practitioners, physician's assistants and staff members of the Rock to treat my son/daughter if deemed necessary and to release information to other medical officials as necessary in the case of an emergency.

Parent / Guardian's signature: \_\_\_\_\_ Date: \_\_\_\_\_