



# HITTING LEAGUE

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Each game has seven innings. Each player “bats” every inning and receives six pitches. Points are awarded for line-drives hit into designated areas of the net and for successful bunts. Players for each team alternate until the innings are completed. At the end of the end of the last inning the team with the most points wins.

Aside from the obvious fun aspects of the Hitting League, there are tremendous developmental benefits. We all have observed the “pressure” players experience in game competition. We have also observed how little players experience pressure in practice situations. The Hitting Leagues create a situation where a player can practice under “semi-pressure” situations.

Each team consists of 4 players with alternates. League standings and individual averages are tallied each week. T-shirts are awarded for Team Champions. We also provides a FREE AGENT list, if you would like to play and don't have a team.

## LEAGUE DATES:

### FALL SESSION:

HIGH SCHOOL LEAGUE BEGINS: November 2-December 7

SENIOR YOUTH & LITTLE LEAGUE BEGINS: November 7-December 12

### WINTER SESSION:

HIGH SCHOOL LEAGUE BEGINS: January 11-February 15

SENIOR YOUTH & LITTLE LEAGUE BEGINS: January 16-February 21,  
February 27-April 4

## DIVISIONS:

HIGH SCHOOL BASEBALL VARSITY	SUN-THUR	5-10 PM
HIGH SCHOOL BASEBALL JV	SUN, TUE OR THUR	5-10 PM
HIGH SCHOOL SOFTBALL VARSITY	SUN – THUR	5-10 PM
HIGH SCHOOL SOFTBALL JV	MON OR WED	5-8 PM
LITTLE LEAGUE 7-9 YEARS	FRIDAY	6-10PM
LITTLE LEAGUE 10-11 YEARS	FRIDAY	6-10PM
SENIOR YOUTH 12-14 YEARS	FRIDAY	6- 10PM

## COST:

\$60.00/ATHLETE FOR 6 WEEKS + TOURNAMENT

**BONUS: PAY IN FULL LEAGUE FEE BY DEADLINE AND YOUR TEAM RECEIVES \$10.00 IN TOKENS FREE!!**

REGISTRATION IS LIMITED, SO REGISTER EARLY. TO REGISTER OR FOR QUESTIONS, CALL 614-717-9934 OR 614-890-7526

**Mannino's Grand Slam USA**  
**6635 Dublin Center Drive**  
**Dublin, OH 43017**  
**614-717-9934 or 614-890-7526**  
[www.grandslaminfo.com](http://www.grandslaminfo.com)

**MANNINO'S GRAND SLAM USA REGISTRATION FORM**

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_  
CURRENT GRADE: \_\_\_\_\_ AGE: \_\_\_\_\_ POSITION: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_  
PHONE (H): \_\_\_\_\_ E-MAIL ADDRESS (please print): \_\_\_\_\_  
SCHOOL: \_\_\_\_\_  
PARENT/GUARDIAN NAME(S): \_\_\_\_\_  
PHONE (H): \_\_\_\_\_ PHONE (W): \_\_\_\_\_ PHONE (C): \_\_\_\_\_  
E-MAIL ADDRESS (please print): \_\_\_\_\_

**Please provide program you wish to sign up for, including the session(s) and time(s) you wish to attend.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- 1. Check or Money Order payable to Mannino's Grand Slam USA
- 2. Credit Card (Visa or Master Card) Acct. #: \_\_\_\_\_  
Exp. Date: \_\_\_\_\_ Signature: \_\_\_\_\_

**RETURN PAYMENT WITH COMPLETED REGISTRATION AND LIABILITY WAIVER TO:**

Mannino's Grand Slam USA  
6635 Dublin Center Dr  
Dublin, OH 43017

**QUESTIONS:** CALL 614.890.7526 or 614.717.9934 OR EMAIL [manninosgrandslamusa@gmail.com](mailto:manninosgrandslamusa@gmail.com)

**IN CASE OF EMERGENCY:**

CONTACT: \_\_\_\_\_ PHONE (H): \_\_\_\_\_ PHONE (C): \_\_\_\_\_  
FAMILY PHYSICIAN: \_\_\_\_\_ PHONE: \_\_\_\_\_

**CURRENT MEDICATIONS:** \_\_\_\_\_

**DRUG ALLERGIES:** \_\_\_\_\_

**PAST MEDICAL HISTORY:**

	<b>YES</b>	<b>NO</b>
HAVE YOU HAD A PHYSICAL WITHIN THE LAST YEAR?	_____	_____
HAVE YOU EVER BEEN DENIED PARTICIPATION?	_____	_____
HAVE YOU HAD A MEDICAL ILLNESS OR INJURY SINCE YOUR LAST PHYSICAL?	_____	_____
IF YES, HAVE YOU BEEN CLEARED BY A PHYSICIAN?	_____	_____
DO YOU HAVE ANY ONGOING INJURIES?	_____	_____
DO YOU HAVE ANY ONGOING CHRONIC ILLNESSES?	_____	_____
YOU MUST EXPLAIN ALL "YES" ANSWERS: _____		

**PHOTO RELEASE** – The undersigned authorizes Mannino's Grand Slam USA to permit the use and display of photographs in any publication, multimedia production, display, advertisement or World-Wide Web Publication for Mannino's Grand Slam USA. The undersigned releases and forever discharges Mannino's Grand Slam USA, its agents, officers and employees from any and all claims and demands arising out of or in connection with the use of said photographs / images.

Initials \_\_\_\_\_

We consent to the participation of the above-named athlete. We also agree to emergency medical treatment as deemed necessary by the training and medical staff of Mannino's Grand Slam USA. We have read the information above and verify that it is accurate, complete, and true to the best of our knowledge.

\_\_\_\_\_  
Athlete Signature

\_\_\_\_\_  
Parent or Guardian (if athlete under 18)

\_\_\_\_\_  
Date

**Mannino's Grand Slam USA, Inc.**  
**Release of Liability Agreement**

Welcome to Mannino's Grand Slam USA, Inc. We hope you enjoy participating in the programs we have to offer. Please take a moment to complete the information below. A waiver must be completed for each participant. If a participant is under 18, a parent or guardian must also sign. If you have any questions our staff will be glad to assist you.

Participant Name: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_ Gender: \_\_\_

Parent/ Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

May we send you text messages? Y N If yes, please list Cell Phone Provider: \_\_\_\_\_

E-mail: \_\_\_\_\_

School/Travel Team: \_\_\_\_\_

In consideration of being permitted to use Mannino's Grand Slam USA facilities, I hereby stipulate and agree:

1. **Assumption of Risk:** I am fully aware that the activities I may undertake at Mannino's Grand Slam USA are hazardous and high risk activities that require strenuous exercise and activity. Participating in these activities involves many physical dangers, and subsequent injury or death may occur as a result thereof. I also realize the dangerous nature of cardiovascular exercise, weight lifting, weight training, aerobics, massage therapy and/or body building, and I am fully aware of the possibility of mechanical and/or other malfunctions of cardiovascular equipment, weight machines, and/or weight machines and apparatus ("equipment"), as well as the possibility of injury or death as a result of the use of such cardiovascular equipment, weight machines, and/or weight and apparatus. Understanding the risks and dangers of participating in all of the foregoing activities while at Mannino's Grand Slam USA, I represent to the best of my knowledge that I have no medical, physical and/or emotional health condition(s) or limitation(s) which would hinder or prevent my active participation in such activities in any way whatsoever.

Therefore, I assume full responsibility for my participation in any of the above programs. I VOLUNTARILY AND FREELY CHOOSE TO ASSUME ALL SUCH RISKS AND DANGERS, including the risk of injury or death that may be associated with, or result from, my participation in these activities.

Initials \_\_\_\_\_

2. **Release from Liability:** I fully agree, for myself and my heirs, to hereby fully and forever discharge and release Mannino's Grand Slam USA from any and all liability, all claims and demands, actions and causes of action whatsoever arising out of any damages, costs, loss of services, expenses and any all claims whatsoever, on account of, or in any way resulting from personal injuries, conscious suffering, death and property damages to myself or to any other person or property, in any way connected with my participation in or attendance of any Mannino's Grand Slam USA activities of whatever sort of nature. I agree that this Release of Liability Agreement shall cover my participation in or attendance of any and all activities sponsored by Mannino's Grand Slam USA including, but not limited to, practice sessions, training sessions, instructional sessions, activities directed by a coach, trainer, or other representative of Mannino's Grand Slam USA and/or promotional activities. This Release of Liability covers all liability claims which may be asserted against Mannino's Grand Slam USA, unless such liability is caused as a result of the negligence of Mannino's Grand Slam USA.

Initials \_\_\_\_\_

3. **Continuation of Obligations:** I agree, for myself and my heirs, that the above provisions, including ASSUMPTION OF RISK AND RELEASE FROM LIABILITY shall continue in full force and effect now and at all future times when participant is involved in Mannino's Grand Slam USA activities.

Initials \_\_\_\_\_

I HEREBY ACKNOWLEDGE THAT I HAVE FULLY READ EACH OF THE ABOVE PROVISIONS AND FULLY UNDERSTAND AND AGREE WITH EACH PROVISION. I HAVE HAD THE OPPORTUNITY TO HAVE COUNSEL OF MY CHOICE REVIEW IT WITH ME. I UNDERSTAND THAT I AM GIVING UP SUBSTANTIAL RIGHTS BY SIGNING THIS RELEASE OF LIABILITY AGREEMENT.

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of parent or guardian  
(If athlete is under 18)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Relationship to minor