



# B.A.T. Cage

## 8U Spring Training Camp

### Registration Form March 2014

ATHLETE'S NAME (PRINT) \_\_\_\_\_ SEX: M F

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ BIRTH DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_ AGE \_\_\_\_\_

PHONE: \_\_\_\_\_ (H) \_\_\_\_\_ (CELL)

EMAIL: \_\_\_\_\_

Shirt Size (*exact size not guaranteed; will be used to estimate sizes when ordering*): \_\_\_\_\_

Registration Fee: \$89.00 Date Paid: \_\_\_\_\_

Payment method: cash check# \_\_\_\_\_ credit card

*Please make check payable to: B.A.T. Cage. For your convenience, credit card payments are accepted by phone. **Please note: registration fees are non-refundable.***

#### HOLD HARMLESS AGREEMENT

I/we, the undersigned participant/parent, on behalf of myself and/or my designated minor child, and our heirs, legatees, personal representatives, successors and assigns, hereby agree to defend, indemnify, save, and hold harmless and waive any liability of the Brunswick B.A.T. Cage and its owners, officers, agents, representatives, employees, successors and assigns in connection with our health, safety, security, and any injury, death and/or disability arising out of, or resulting from our respective participation in this program. We further agree, understand and represent that we are participating in these activities and programs on a strictly voluntary basis, and understand the possible consequences, risks, and dangers of such participation. I/we further agree to waive, release and relinquish, to the fullest extent of the law, any and all claims, damages, injuries, expenses and causes of action arising in our participation of any clinics/camps/training in any manner. We therefore do fully release and discharge, and agree to defend, indemnify and hold harmless the Brunswick B.A.T. Cage and its owners, agents, servants, employees, insurers, successors and assigns from any and all claims resulting from injuries, including, but not limited to, loss of life, damages and losses sustained by us arising out of, connected with, or in any way associated with activities of the program.

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

## Brunswick Athletic Training

### *Where There Is No Off Season!*

1255 North Carpenter Road Brunswick, Ohio 44212 330-273-9559

[brunswickbatcage@aol.com](mailto:brunswickbatcage@aol.com) [www.brunswickbatcage.com](http://www.brunswickbatcage.com)

