



Brunswick B.A.T. Cage Fall Catching Clinics

Registration Form

ATHLETE'S NAME (PLEASE PRINT) _____

AGE _____ Present Grade _____

PHONE: _____ (H) _____ (C)

EMAIL: _____

Camp Dates: November 12, 15, 19, 22

Please circle age for sessions: 11U-13U 14U-15U 16U-18U

Registration Fee: \$69 (due at time of registration/required to secure spot in clinic)

Total Fee Paid: _____ Pmt. Method (Circle One) Cash Check Credit

Credit Card # _____ Date of Exp. _____ CVV2 (3 digit#) _____

Please mail or bring this application form, along with the registration fee (checks payable to **Brunswick B.A.T. Cage**), to the B.A.T. Cage, 1255 N. Carpenter Rd., Brunswick, OH 44212. Signed forms may be scanned and emailed to brunswickbatcage@aol.com, and credit card payments are accepted by phone. **Note: All 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 in this program 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 this program.

PARENT/GUARDIAN SIGNATURE _____ DATE _____

Brunswick Athletic Training
Where There Is No Off Season!

1255 North Carpenter Road, Brunswick, Ohio 44212, 330-273-9559,
www.brunswickbatcage.com