

# Badger Baseball Academy

## Oshkosh Arm Camp

Please fill out and return with payment to: 1105 South 74th Street, West Allis, WI 53214

Please make checks payable to Badger Baseball Academy

Name of Participant: \_\_\_\_\_ DOB: \_\_\_\_\_

Position: \_\_\_\_\_ Time Slot Preferred: \_\_\_\_\_ Shirt Size \_\_\_\_\_

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

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

Dad's Name: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Mom's Name: \_\_\_\_\_ Cell phone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

I hereby request and grant permission to the instructors and officials of the Badger Baseball Academy to provide care to my child in the event of injury or illness if I am not present. Such care may include, but shall not be limited to, first aid treatment, transporting to a medical facility or the summoning of emergency assistance. I the undersigned parent or appointed guardian of the above named child, do hereby agree to indemnify and hold harmless Badger Baseball and instructors from all liability for the above named child's activities of any nature with said association. I acknowledge that participation in this training program and related activities involves an inherent risk of physical injury, and on behalf of the registrant, hereby assume all such risk and do hereby release and forever discharge Badger Baseball Academy and all agents thereof from any and all liability of whatever kind of nature, arising from and by reason of any and all known and unknown, foreseen and unforeseen bodily injury and personal injuries, damage to property, and the consequences thereof, resulting from this registrant's participation in or involvement with this camp, including and failure of equipment or defect on or in the premises.

Signature of Parent/Guardian: \_\_\_\_\_

Print Name: \_\_\_\_\_

Relationship \_\_\_\_\_ Date \_\_\_\_\_