



REGISTRATION FORM



April Vacation Hitting Clinic and Friday Fun Night

Braintree High School Baseball Program and the Braintree Baseball Club are teaming up to bring fun and skill development to little league athletes.

When: **Wednesday, April 19** 4 p.m. – 6 p.m. Hitting instruction- focus on mechanics and skill development
Thursday, April 20 4 p.m. – 6 p.m. Hitting instruction- focus on mechanics and skill development
Friday, April 21 5 p.m.- 8 p.m. Fun night including Pizza and trivia prizes

Where: Braintree Baseball Club, 24 Plain Street, Braintree

Instructors: Braintree High School Coaches and Instructors

Price: \$30/night or \$70 for all three nights

Age: All Little League Players

Limit: First 50 kids (you can register by sending this form along with check to baseball club or by emailing jimmyj611@yahoo.com to reserve spot until send registration)

Participant's Name: _____

Date of Birth: _____

Address: _____

City, State, Zip: _____

Email Address: _____

Home Phone #: _____ **Cell Phone#:** _____

Emergency Contact Person: _____ **Cell Phone #:** _____

Signing up for: (Circle One) Wednesday 4-6 Thursday 4-6 Friday 5-8 All Three

Two types of payment: Cash or Check

Amount Paid: _____ **Check #:** _____

Checks made out to: Braintree Baseball Club

Mail payment to: 24 Plain St. Braintree Ma 02184

www.braintreebaseballclub.com

Please fill out back waiver if your son has never been to Baseball Club and has never filled out waiver.

BRAINTREE BASEBALL CLUB
PARTICIPANT RELEASE OF LIABILITY
READ BEFORE SIGNING

Participant Name: _____ Address: _____

Participant Date of Birth: _____

Parent Name: _____ Home Phone: _____

Cell Phone: _____ Contact Email: _____

In consideration of being allowed to participate in any way in the Braintree Baseball Club program, related events and activities, I, the undersigned acknowledge, appreciate and agree that:

1. The risk of injury from the activities involved in this program is significant, including the potential permanent paralysis and death, and while particular rules, equipment and personal discipline may reduce the risk, the risk of serious injury does exist; and,
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN ARISING FROM THE NEGLIGENCE OF THE RELEASEES, or others, and assume full responsibility for my participation, and,
3. I willingly agree to comply with the stated customary terms and conditions of participation. If, however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately: and,
4. I, for myself and on the behalf of my heirs, assigns, personal representatives and the next of kin, HERBY RELEASE, INDEMNIFY, AND HOLD HARMLESS THE BRAINTREE BASEBALL CLUB, their officers, official, agents and or/employees, other participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and lessors of premises used to conduct the event ("Releasees"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY DEATH, or loss or damage to person or property, WHETHER ARISING FROM NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent of the law.

I HAVE READ THE RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

X _____ Age: _____ Date Signed: _____
Participant's signature

FOR PARENTS/GUARDIANS OF PARTICIPANTS OF MINORITY AGE

(Under 18 at time of registration)

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releasees, and for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES, to the fullest extent permitted by law.

X _____ Date Signed: _____
Parent/Guardian signature

THIS FORM MUST BE COMPLETED AND RETURNED PRIOR TO PARTICIPATING IN ANY CAMP, CLINIC, ACADEMY OR PROGRAM