

Post 22 Baseball Academy 2009 Summer Camp



To get ahead in your baseball career, join the Post 22 Baseball Academy Summer camp. Top flight professional instruction by the Post 22 staff will help young baseball players develop their skills and knowledge of baseball. In the two day summer camp players will learn proper fundamentals in hitting, throwing, catching, pitching and fielding. At Post 22 Baseball Academy, we are dedicated to helping young players to develop their skills and to enjoy the game of baseball.

Dates: July 21st & 22nd

Location: Fitzgerald Stadium

Times: 9:00 a.m.- 1:00 p.m.

Cost: \$90 per player

Ages: 7-12 years old

***Registration deadline is July 1st – Space is limited.**

Name: _____ **Age:** _____ **D.O.B.:** _____

Parent(s) Name: _____

Address: _____

City: _____ **Zip:** _____

Home Phone: _____ **Work Phone:** _____

Cell Phone: _____ **Other:** _____

E-Mail Address: _____

Please return Camp Application & Participant Agreement to:

Post 22 Baseball Academy

P.O. Box 9495

Rapid City, SD 57709

for more information, please call

(605)431-8916

Please make checks payable to:

Post 22 Baseball Academy

Participant Agreement, Release & Acknowledgement of Risk

In consideration of the services of Kyle Yamada/Baseball Parents Inc., their agents, owners, officers, volunteers, participants, employees, and all other persons or entities acting to as ("Kyle Yamada/Baseball Parents Inc."), I herby agree to release and discharge Kyle Yamada/Baseball Parents Inc., on behalf of myself, my children, my parents, my heirs, assigns, personal representatives and estate as follows:

1. I acknowledge that baseball entails known and unanticipated risks which could result in physical or emotional injury, death or damage to myself, to property, or to third parties. I understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activity. Furthermore, Kyle Yamada/Baseball Parents Inc. employees have difficult jobs to perform. They may give inadequate warnings or instructions and the equipment being used might malfunction.
2. I expressly agree and promise to accept and assume all of the risk existing in this activity. My participation in this activity is purely voluntary, and I elect to participate in spite of the risks.
3. I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless Kyle Yamada/Baseball Parents Inc. from any claims, demands, or cause of action, which are in any way connected with my participation in this activity or my use of Post 22/Baseball Parents Inc. equipment or facilities, including any such claims which allege negligent acts of omissions of Kyle Yamada/Baseball Parents Inc.
4. Should Kyle Yamada/Baseball Parents Inc. or anyone acting on their behalf be required to incur attorney's fees and cost to enforce this agreement, I agree to indemnify and hold them harmless for all such fees and costs.
5. I certify that I have adequate insurance to cover any injury or damage I may cause or suffer while participating, or else I agree to bear the costs of such injury or damage to myself. I further certify that I have no medical or physical conditions which could interfere with my safety in this activity, or else I am willing to assume-and bare the costs of all risks that may be created, directly or indirectly, by any such condition. By signing this document, I acknowledge that if anyone is hurt or property is damaged during my participation in this activity, I may be found by a court of law to have waived my right to maintain a lawsuit against Kyle Yamada/Baseball Parents Inc. on the basis on any claim from which I have released them herein.

I have had sufficient opportunity to read this entire document. I have read and understood it, and I agree to be bound by its terms.

In consideration of _____ ("Minor") being permitted by _____ (Parent/Guardian) to participate in its activities and to use its equipment and facilities, I further agree to indemnify and hold harmless Kyle Yamada/Baseball Parents Inc. from any and all claims which are brought, or on behalf of Minor, and which are in any way connected with such use or participation by Minor.

Parent or Guardian: _____ Print Name: _____
Phone: _____ Date: _____
Any medical conditions we should be aware of: _____
Doctor: _____ Insurance: _____ Policy #: _____