

2007 Wildcat Baseball Youth Camp Registration Form

Player's Name _____

Parents' Names _____

Address (street, city, zip) _____

Home/Cell Phone _____

Age _____

T-shirt size: Youth Small Youth Med Youth Large
(check one) Adult Small Adult Med Adult Large

Camp date: Session 1: June 18-22, 2007
(check one) Session 2: July 16-20, 2007

Camp Fee: \$125.00 per camper

Please make checks payable to: RF-Wildcat Baseball Camp

Return by fax: 530-898-5821

or mail: Wildcat Baseball Camp
 Chico State Athletics
 Chico, CA 95929-0300

Please call Camp Director Dave Taylor with any questions: 530-894-3910

I authorize the camp director to provide medical attention for my son/daughter if injured during his/her stay at camp. We also have insurance covering our child in case of accident or injury.

Insurance Company

Policy #

Signature of Parent or Guardian

Date



WAIVER OF LIABILITY AND HOLD HARMLESS AGREEMENT

This document affects your legal rights. You should read and understand it before signing it.

In consideration for receiving permission to participate in _____ (describe activity)

on _____, I hereby waive, release, and discharge any and all claims for (activity/trip date(s))

damages for death, personal injury or property damage which I may have or which hereafter may accrue to me against the CSU, Chico Research Foundation, its programs, the State of California, the Trustees of the California State University, and the officers and employees, as a result of my participation in any way in the event described above.

This release is intended to discharge The State of California, Trustees of The California State University, California State University, Chico, the CSU, Chico Research Foundation, officers, employees, students, and volunteers of each and any other public agency from and against any and all liability arising out of or connected in any way with my participation in the event/activity, even though that liability may arise out of the negligence or carelessness on the part of persons or agencies mentions above.

I further understand that accidents and injuries can arise out of participation in this event/activity; knowing the risks, nevertheless, I hereby agree to assume those risks and to release and to hold harmless all of the persons or agencies mentioned above who (through negligence or carelessness) might otherwise be liable to me (or my heirs or assigns) for damages. It is further understood and agreed that this waiver, release and assumption of risk is to be binding on my heirs and assigns.

In signing this release, I acknowledge and represent that I have read the foregoing Waiver of Liability and Hold Harmless Agreement, understand it, and sign it voluntarily as my own free act and deed; no oral representations, statements, or inducements, apart from the foregoing written agreement, have been made.

_____ I am at least eighteen (18) years of age and fully competent; and I execute this Release for full, adequate and complete consideration fully intending to be bound by same.

_____ As parent/guardian, I certify that he/she is in excellent health and has no physical, mental or emotional problems which are likely to prevent participation in strenuous physical activity. I give permission for him/her to be medically treated for illness occurring or injury sustained during participation in the above activity, and certify that he/she is covered by medical insurance. I execute this Release for full, adequate and complete consideration fully intending to be bound by same.

Name of participant (print) Signature of participant or guardian if under 18

Street Address City State Zip Phone

WITNESS:

Printed Name of Witness Date Signature of Witness