

# 3<sup>rd</sup> Annual

## Innisfail Winter Baseball Camp

### Registration Form

#### **Registration Information:**

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_

Male ☐ Female ☐

Parent Email: \_\_\_\_\_

Parent Email: \_\_\_\_\_

Mother's Name \_\_\_\_\_ Work/Cell \_\_\_\_\_

Father's Name \_\_\_\_\_ Work/Cell \_\_\_\_\_

Alberta Health Care # \_\_\_\_\_ Family Dr. \_\_\_\_\_

**Any medical conditions or allergies coaching staff should be notified of? If so, please list:** \_\_\_\_\_

#### **Baseball level your child will be playing in 2019:**

Mosquito \_\_\_\_\_ Pee Wee \_\_\_\_\_ Bantam \_\_\_\_\_ Midget \_\_\_\_\_

2008-2009

2006-2007

2004-2005

2001-2003

Name of Team last played on: \_\_\_\_\_

#### **Estimate your child's Baseball Skill Level:**

1 ☐

2 ☐

3 ☐

4 ☐

5 ☐

"1" being new to baseball or very novice AND "5" being advanced baseball skill set for the age group.

## Payment:

The cost to attend the Innisfail Winter Baseball Camp is \$250.00.

- Registration will be "first come first served".
- Receipt of the completed registration form AND full payment will confirm the registration
- Payment can be made by:
  - o e-transfer (preferred) to bstickel44@gmail.com
  - o cash or cheque in person. Cheques made payable to Brant Stickel
- Please email completed registration forms to [bstickel44@gmail.com](mailto:bstickel44@gmail.com)
- Unattended sessions will not result in a partial refund

\_\_\_\_\_ YES I would like to register for the Innisfail Winter Baseball Camp!!

## Questions

Brant Stickel

(403) 664 1449

[bstickel44@gmail.com](mailto:bstickel44@gmail.com)

## WAIVER

*Please read the following carefully:*

*I or said child do hereby release, indemnify and save harmless the coaching staff of **Innisfail Winter Baseball Camp** and their related associations and volunteers, the facility personal, staff, supervisors and or instructors: any and all of them from claim which I or said child may have as a result of participation. I or said child acknowledge that this activity has inherent dangers and I or said child do assume risks and hazards incidental to this activity and hereby waive all claims I or said child may have against the above mentioned organizations or individuals. Payment of registration fee in person or otherwise given is an acknowledgment of any and all risks involved in this activity and a waiver of any claim.*

*Please note that you or said child's personal information gathered will not be used for any other reason other than its intended purpose. You are granting consent that your child's name and picture may be printed in the local media and for any other affiliated sports magazine, website or paper.*

*Parent/ Guardian Signature:*

*Date:*

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_