



Registration Information 2010

1. Complete the following: **application form, sign and date “consent to medical treatment and release of liability” section.** All campers will need to turn in a youth camp medical exam form signed by a physician. This can be downloaded from our website under “Camp Info”. A copy of a physical dated within one (1) year of the camp is acceptable in lieu of the youth camp medical exam form
2. Mail all forms along with full payment or \$250 deposit to:
Wawruck Baseball Academy LLC P.O. Box 184 Hebron, CT 06248
3. All forms and balance of camp fee must be presented by the check in of the first day of camp in order to participate. Campers may request a roommate(s) if attending overnight camp.
4. **Camp Check In/out:**
ARRIVAL: Aug 2nd at 9:30 am at the Woodward Center Lobby.
PICK UP: Aug 6th at 2:00 pm Woodward Center [2nd Floor for Awards]

***NOTE:**
Day Campers picked up daily at 5:00 pm at Pool except on last day [2 pm at Woodward Center].

BASEBALL CAMP APPLICATION

Please complete, detach and mail along with camp fee/deposit to: Wawruck Baseball Academy LLC. PO Box 184, Hebron CT 06248

Name _____ Age _____ Birth Date _____

Address _____ City _____

State _____ Zip Code _____ Home Phone _____ T-shirt: YL AS AM AL XL

Name of Parents or Guardian _____ Work Phone _____

Emergency Contact _____ Emergency Phone _____

EMAIL _____ Confirm Email _____ **Field Preference** [] - Little L. or [] - 90 ft.

ROOMMATE PREFERENCE _____

ATTENDING:

[] - August 2 – August 6 **OVERNIGHT CAMP**

[] - August 2 – August 6 **DAY CAMP**

CONSENT TO MEDICAL TREATMENT and RELEASE of LIABILITY: READ BEFORE SIGNING – MUST HAVE TO PARTICIPATE in WAWRUCK BASEBALL CAMP

In consideration of being allowed to participate in this Camp, I hereby RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SUE the Wawruck Baseball Academy, Westfield State College, the Commonwealth of Massachusetts, and their officers, servants, agents, or employees (herein after referred to as RELEASEE) from any and all liability, claims, demands, or course of action whatsoever arising out of or related to any loss, damage, or injury, including death, that may be sustained to my child, or to any property belonging to my child, WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEE, or otherwise, while participating in this Camp, or while in, on or upon the premises where the Camp is being performed.

To the best of my knowledge, my child is in good physical condition and I am not aware of any physical medical condition which would place my child at risk to take part in any of the Camp’s activities. I am aware of the risks and hazards linked to this Camp. I VOLUNTARILY ASSUME FULL RESPONSIBILITY FOR ANY RISK OF LOSS, PROPERTY DAMAGE OR PERSONAL INJURY, INCLUDING DEATH, that may be sustained by my child, or any loss or damage to property owned by me/my child, as a result of being occupied in the Camp’s activities, WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEE or otherwise. I further hereby AGREE TO INDEMNIFY AND HOLD HARMLESS, the RELEASEE, from any loss, liability, damage or cost, including court costs and attorney fees, that may amass related to my child’s participation in the Camp. WHETHER CAUSED BY NEGLIGENCE OF THE RELEASEE, or otherwise.

During the period of the Camp, I hereby give permission for the staff of Wawruck Baseball Academy and/or the staff of Westfield State College to administer appropriate medical attention to my child in the event of an accident, illness or injury. I will be responsible for any and all costs of medical coverage and treatment provided not covered by insurance.

It is my exact intent that this Waiver of Liability and Hold Harmless Agreement/Consent to Medical Treatment shall bind the members of my family and spouse, if I am alive, and my heirs, assigns and personal representative, if I am deceased, and shall be deemed as a RELEASE, WAIVER, this Waiver of Liability and Hold Harmless Agreement/Consent to Medical Treatment shall be interpreted in accordance with the laws of the State of Massachusetts. In signing this release, I acknowledge and represent that I have read and understand it and sign it voluntarily. I am at least (21) years of age and fully adept, and I execute this Release for full, adequate and complete considerations fully intending to be bound by the same.

I HAVE READ THIS WAIVER OF LIABILITY AND FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY ENTICEMENT.

PARENT/GUARDIAN’S SIGNATURE _____ Date _____

PRINT CAMPER’S NAME _____ EmergencyPhone# _____

PARTICIPANT MUST HAVE MEDICAL INSURANCE: Medical Ins. Co. Name _____

Policy # _____

Group # _____ Insured’s Name _____ Insurance Co.’s Phone # _____