

Free State Camps

Softball - July 8, 2024

| |
|---|
| Free State Softball Camp Registration |
| July 8-12, 2024 |
| Location: Dulaney High School on the varsity softball field (next to Treherne Rd) |
| Ages: rising grades 3 - 9 |
| All abilities welcome |
| Gender: female |
| Time: 9:00 a - 12:00 p |
| Cost: \$160 |
| *NOTE- TO HAVE THE MULTI WEEK DISCOUNT APPLIED, THE WEEKS MUST BE REGISTERED AT THE SAME TIME. |

Enrollment Information

| | |
|------------|-----------|
| First Name | Last Name |
| Birth Date | |

Address

| | |
|-----------|-----------|
| Address 1 | Address 2 |
| City | State |
| Zip Code | |

Parent/Guardian Information

| | |
|-------------------|------------------|
| Parent First Name | Parent Last Name |
| Home Phone | |
| Cell Phone | Work Phone |
| Email | |

Parent/Guardian Information (2)

| | |
|-------------------|------------------|
| Parent First Name | Parent Last Name |
| Home Phone | |
| Cell Phone | Work Phone |
| Email | |

Emergency Information

| | |
|--------------------------------|-----------------------------|
| Emergency Contact First Name | Emergency Contact Last Name |
| Emergency Contact Relationship | |
| Emergency Contact Phone | Emergency Contact Phone (2) |

Health Information

| |
|---|
| Are there any medical, psychological, or behavioral conditions that we should be made aware of, including but not limited to food or medical allergies, insect bite allergies, asthma-related illness or other past physical injuries that may affect their ability to participate? Please state and detail below |
| Are there any medical, psychological, or other health factors that may limit or otherwise affect the participant’s performance in activities at this camp/clinic? Please state and detail below |
| Please list any medications that the participant has taken or will be taking during the course of the camp/clinic that may affect the participant’s safety and/or performance in the activities |
| Does the participant require any special accommodations related to illness, disability, or any other ailment in order to allow them to fully participate in clinic/camp activities? Please state and detail below |

Other

| | |
|--|--|
| How did you hear about Free State Camps? | |
| Heard From | |
| If Other, enter where | |

Waivers

RELEASE OF LIABILITY FOR MINOR PARTICIPANT, FREE STATE CAMPS

IN CONSIDERATION OF _my child/ward being allowed to participate in any way in Free State Camps, LLC related events and activities, the undersigned acknowledges, appreciates and agrees that:

1. The risk of injury to my child from the activities involved in these programs is significant, including the potential for permanent disability and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,
2. I, FOR MYSELF, SPOUSE, AND CHILD, I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my child's participation;
3. I willingly agree to comply with the program's stated and customary terms and conditions for participation. If I observe any unusual significant concern in my child's readiness for participation and/or in the program itself, I will remove my child from the participation and bring such attention of the nearest official immediately; and,
4. I myself, my spouse, my child, and on behalf of my/our heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS Free State Camps, LLC, its directors, officers, officials, agents, employees, volunteers, 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 incident to my child's involvement or participation in these programs, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.
5. I, for myself, my spouse, my child, and on behalf of my/our heirs, assigns, personal representatives and next of kin, HEREBY INDEMNIFY AND HOLD HARMLESS all the above Releasees from any and all liabilities incident to my involvement or participation in these programs, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent permitted by law.
6. I HAVE READ THIS 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.

I Acknowledge (Please Sign):

UNDERSTANDING OF RISK

I understand the seriousness of the risks involved in participating in this program, my personal responsibilities for adhering to rules and regulations, and accept them as a participant.

I Acknowledge (Please Sign):

CONSENT FOR EMERGENCY MEDICAL TREATMENT

In case of injury or emergency, I for myself and/or participant (if participant is minor/child), and my personal representatives, heirs and assigns, (severally and collectively "I" for this registration form) give permission for coaches, staff, trainers, physicians and other camp personnel to use their judgment in securing medical aid and emergency ambulance service in the case that the parents/guardians cannot be reached. I shall inform the Free State Camps, in writing, of any medical or health conditions of participant that occurs or develops and which could affect participant's safety, performance or participation in or throughout the activity.

I Acknowledge (Please Sign):

CAMP REFUND POLICY

No refunds will be issued for camp or clinic sessions cancelled for inclement weather and/or other facility conflicts. Free State Camps is compliant with the inclement weather policy of Baltimore County Public School cancellation guidelines.

I Acknowledge (Please Sign):

PHOTO POLICY

All registrants grant permission for Free State Camps to use photography and videography of their activities and of their performances for promotional purposes. These promotional purposes include, but are not limited to, sales, advertising, publicity, program materials, handouts, flyers, website, and posting on social media outlets.

I Acknowledge (Please Sign):