

This page MUST be PRINTED, SIGNED, ACKNOWLEDGED, UNDERSTOOD and turned into the registration/check-in table on the first day of the applicable camp/clinic.

CAMPER NAME _____ **Age** _____

Circle camp/clinic attending:

<u>JUNE 22-24</u> Mini DAWG	<u>JUNE 28 & 29</u> Player Academy I	<u>JULY 6-8</u> Hitting Infield Skills Outfield Catching Pitching
<u>JUNE 22 & 23</u> Pitching I Hitting I		
<u>JULY 19 & 20</u> Player Academy II		<u>AUGUST 30 & 31</u> HS Elite Camp

REFUND POLICY:

There are no refunds unless cancellation protection is purchased at the time of online registration. A future camp credit in the amount of the camp/clinic will be issued to anyone who does NOT purchase cancellation protection, AND notifies camp director in writing (email) no later than seven (7) full days prior to the start of a particular camp/clinic. Future camp credits will be good until February 20, 2011.

ASSUMPTION OF RISK / RELEASE FROM LIABILITY:

I, the undersigned, as the legal parent or guardian of the above named registrant hereby acknowledge that the camper named above is covered by medical insurance as stated on the registration. It is further understood that the *University of Washington* does not provide medical insurance covering injuries of any nature incurred at any of the 2010 Washington Softball Camps & Clinics conducted by Washington Softball Camps, LLC.. The undersigned hereby releases WASHINGTON SOFTBALL CAMPS, LLC and the *University of Washington*, its successors, assigns, officers, agents and employees, from any and all claims, demand and causes of action whatsoever in any way growing out of or resulting from participation of the above named child in any of the 2010 *Washington Softball Camps*.

CONSENT FOR TREATMENT OF A MINOR:

I, the undersigned, authorize the staff of WASHINGTON SOFTBALL CAMPS, LLC to act for me according to their best judgment in any emergency requiring medical attention, and I hereby waive and release the camp, it's staff, and the University of Washington, it's successors, assigns, officers, agents and employees from any and all liability for any injuries or illness incurred while at camp/clinic. I have no knowledge of any physical impairment that would be affected by the above camper's participation in the camp/clinic. I am bound to hold the Health Center, UW Medical Center and its' physicians harmless from any and all consequences of such treatments, diagnosis or surgery that these duties are performed with ordinary care and to the best of their ability.

I have read and agree to the terms of both the "Consent for Treatment of a Minor" and "Assumption of Risk / Release from Liability".

Parent /Guardian Printed Name _____ Phone _____

Parent/Guardian Signature _____ Date _____