



The Baseball Zone Inc.  
 1081 Brevik Place  
 Mississauga, ON L4W 3R7  
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### 2012 Winter Clinic Session # 3 Registration Form

Clinic: \_\_\_\_\_ Age Group: \_\_\_\_\_ Day & Time: \_\_\_\_\_

Athlete Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
DD / MM / YYYY

Address: \_\_\_\_\_ City: \_\_\_\_\_

Home Tel: \_\_\_\_\_ Cell: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Parent Name: \_\_\_\_\_ Parent Emerg. Tel: \_\_\_\_\_

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

Would you like session reminders via text: **Y / N?** If **YES** who is your provider? \_\_\_\_\_

I have already given this information to The Baseball Zone

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**Release and Waiver of Liability:**

(Location: The Baseball Zone – 1081 Brevik Place, Mississauga, ON)

In enrolling at The Baseball Zone, participant understands that he/she attending the programs and using The Baseball Zone and the facilities does so at his/her own risk. The Baseball Zone and its owners, employees or agents, shall not be liable for any damage whatsoever arising from any personal injury or property loss sustained by participant with his/her family in or about any programs on the premises. Participants and parents assume full responsibility for all injuries and damages which occur in or about any programs on the premises, He/She does hereby fully and forever release discharged hold harmless The Baseball Zone, all associated facilities and its owner, employees, and agents from any and all claims, demands, damages or rights of action, present or future resulting from any person's participation in any programs or use of the facility. Consent: I the undersigned parent or guardian/participant do hereby grant authority to the staff at The Baseball Zone to render a judgement concerning medical assistance or hospital care in the event of an accident or illness during my absence. I do hereby authorize The Baseball Zone and its assigns to utilize any and all photographs, pictures or other likeness of me or anyone assigned guardianship to me, as they deem appropriate in its promotional materials or team films. The undersigned also acknowledges that registration is not complete until a properly completed registration form and full payment including all applicable taxes has been submitted to The Baseball Zone and that there are no refunds, credits or make-ups for any missed or unused sessions.

Initial \_\_\_\_\_

I hereby state that I am the legal parent/guardian of the said registrant and agree to all above terms and conditions.

Signature of Parent/Guardian: \_\_\_\_\_  
 (If registrant 18 or younger)

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**Release for Medical Treatment:**

List of any conditions that The Baseball Zone Inc. and a physician(s) should be aware of:

\_\_\_\_\_

Credit Card #: \_\_\_\_\_ Exp: \_\_\_\_\_

\* - if paying by VISA or MASTERCARD and faxing to The Baseball Zone