

Christian Athletic League ~ Riverside, CA

2019 Fall Baseball Camp

Six Saturdays Only - 9:00 am to Noon±

September 14th through October 19th

Ages 5 through 12 - Boys & Girls

\$75* per Player



Participant(s) per Family - PLEASE PRINT		Birthdate/Age (5 but not 13 on 10/19/19)	Group/ Level** (circle)	Shirt/Hat Sizes (circle)
1st Camper:	Name: _____ Prev. CAL Team: _____ Medical Conditions: Asthma, Allergies, Other (list): _____	DOB _____ Age on 10/19/2019: _____	Tball (5-7) Junior (7-10) Senior (10-12)	Shirt: YS, YM, YL, YXL, AS, AM, AL, AXL, AXXL Hat: Youth / Adult
2nd Camper:	Name: _____ Prev. CAL Team: _____ Medical Conditions: Asthma, Allergies, Other (list): _____	DOB _____ Age on 10/19/2019: _____	Tball (5-7) Junior (7-10) Senior (10-12)	Shirt: YS, YM, YL, YXL, AS, AM, AL, AXL, AXXL Hat: Youth / Adult
3rd Camper:	Name: _____ Prev. CAL Team: _____ Medical Conditions: Asthma, Allergies, Other (list): _____	DOB _____ Age on 10/19/2019: _____	Tball (5-7) Junior (7-10) Senior (10-12)	Shirt: YS, YM, YL, YXL, AS, AM, AL, AXL, AXXL Hat: Youth / Adult

**Experienced younger players may play up in older group, but older players may not play down.

Parent/Guardian Name: _____ Cell Phone No.: _____

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Address: _____ City, Zip: _____

Email Address: _____

Fee: Number Participants: _____ x \$75* per camper = \$ _____ **No Refunds after August 15th**
(*\$5 off each on June 22nd only)

Payment Type: Cash: _____ Check No: _____ Credit Card (+3% convenience fee): _____

Email to Receive Credit Card Invoice: _____

Make checks payable to: **CAL Baseball** Signature: _____

Volunteer Positions Available: Coach _____ Snack Bar _____ Field Prep _____ Board _____
(NEW coaches must complete LiveScan background check and online Positive Coaching Alliance clinic)

Email to: treasurer@cal-baseball.org _____ **Completed Waiver Required (attached)**

OR Mail to: Christian Athletic League, 3380 La Sierra Ave, Ste 104-673, Riverside, CA 92503

SPACE IS LIMITED ~ FIRST COME FIRST SERVED



Waiver of Liability, Release Valid through October 2019 (Fall Camp)

For and in consideration of the below named participants' registration with the Christian Athletic League, Inc. or C.A.L. or CAL Baseball (hereafter referred to as the Organization) and being allowed to participate in events and member activities, I/we the parent(s) or legal guardian(s) of participant waive, release and relinquish any and all claims for liability and cause(s) of action, including for personal injury, property damage or wrongful death occurring to participant or participant's parent(s) or legal guardian(s) arising out of participation in events, or sports, and/or activities incidental thereto, whenever or however they occur and for such period said activities may continue, and by this agreement any such claims, rights, and causes of action that participant and/or participant's parent(s) or legal guardian(s) may have are hereby waived, released and relinquished, and participant and participant's parent(s)/guardian(s) do so on behalf of their heirs, executors, administrators and assigns.

Participant and participant's parent(s)/guardian(s) acknowledge, understand and assume all risks relating to events or sports participation and activities incidental thereto, and understand that activities incidental thereto involve risks to participant's and participant's parent ('s)/guardian ('s) person including bodily injury, partial or total disability, paralysis and death, and damages which may arise there from and that we have full knowledge of said risks. These risks and dangers may be caused by the negligence of the participant, participant's parent(s)/guardian(s) or the negligence of others, including the organization, its affiliates, members, event hosts, other participants, other parents and legal guardians, coaches, officials, sponsors, advertisers, owners and operators of the premises used to conduct any event and each of them, their officers, directors, agents and employees (collectively, "releasees"), and include risks arising from the conditions and use of facilities and related premises. I/We further acknowledge that there may be risks and dangers not known to us or not reasonably foreseeable at this time.

Participant and participant's parent(s)/guardian(s) acknowledge, understand and assume the risks, if any, arising from the conditions and use of facilities and related premises, whether as a participant or a spectator, including without limitation, the risks involved with participating in the Organization's activities. Participant and participant's parent(s)/guardian(s) further acknowledge and understand that included within the scope of this waiver and release is any cause of action (including any cause of action based on negligence) arising from the performance, or failure to perform, maintenance, inspection, supervision or control of said areas and for the failure to warn of dangerous conditions existing at said facilities, for negligent selection of certain releasees, or negligent supervision or instruction by releasees. All releases and waivers contained herein extend to the Organization, Divine Word Seminary, City of Riverside, Riverside Unified School District, and Alvord Unified School District, and their heirs, executors, administrators and assigns.

Participant and participant's parent(s)/guardian(s) acknowledge, understand The Organization reserves the right to photograph facilities, activities and program participants for potential future use. All photos remain the property of the Organization and may be used for publicity and promotional services.

Consent to Medical Treatment of Minor: I hereby give my consent to have the above applicant treated by a physician or surgeon in case of sudden illness or injury while participating in the above event. It is understood that the Organization provides no medical insurance for such treatment under its liability insurance coverage. The location of the activity or the nature of the illness or injury may require the use of emergency medical personnel.

Participant and participant's parent(s)/guardian(s) agree if any claim for personal injury or wrongful death is commenced against releasees, he/she shall defend, indemnify and save harmless from any and all claims or causes of action by whomever or wherever made or presented for his/her personal injuries, property damage or wrongful death.

Participant and participant's parent(s)/guardian(s) acknowledge that they have been provided and have read the above paragraphs and have not relied upon any representations of releasees, that they are fully advised of the potential dangers and risks and understand these waivers and releases are necessary to allow the activities of the Organization to exist in its present form.

Participant 1 Name (printed)

Age

Participant 2 Name (printed)

Age

Participant 3 Name (printed)

Age

Participant 4 Name (printed)

Age

Parent or Guardian Printed Name

Parent or Guardian Signature

Date