

Banditfest Powered by OnDeck Softball Futures Fastpitch Clinic

REGISTRATION FORM

January 2, 2013 at the Dome at the Ball Park, 34 Jennie Finch Way, Rosemont, IL 60018
(located at the corners of Bryn Mawr and Pearl St.)

VIP: Please indicate which session you are registering for:

_____ Session 1: 8:00 a.m. – 11:00 a.m.

_____ Session 2: 11:30 a.m. – 2:30 p.m.

_____ Session 3: 3:00 p.m. – 6:00 p.m.

PERSONAL INFORMATION												
Your Name:												
Date of Birth:		Email:										
Home Phone:		Cell Phone:										
Home Address:												
City:		State:		Zip:								
SOFTBALL INFORMATION												
Defensive Positions (circle the positions you play):				P	C	1B	2B	3B	SS	RF	CF	LF
Bats (circle one):	R	L	SW	SLAP	Throws:	R	L					
Grade/School:												

I, the parent/legal guardian of the athlete registered herein, grant permission and authorization for statistics, data, testing results, personal information, photographs, audio and video materials related to this Exposure Camp to be released (and possibly posted electronically) to coaches, scouting organizations, media outlets, team physicians, athletic trainers, partner entities, administrative personnel and possibly the general public. I also understand that the data, information, photographs, audio and video materials are and will remain property of William A. Conroy, Chicago Bandits LLC, Beverly Bandits Softball, Inc. and OnDeck Softball.

Parent/Guardian Signature _____ Date _____

Emergency phone number, if needed: _____

Make sure you enclose a CHECK for \$50 made payable to SSGS and mail with this form to:

Bill Conroy
10908 Lakeside Dr.
Orland Park, IL 60467

BE SURE TO COMPLETE AND SUBMIT WAIVER AND RELEASE FORM WITH YOUR REGISTRATION FORM

WAIVER AND RELEASE OF CLAIMS FORM
PERMISSION TO SECURE TREATMENT

Program: Banditfest Powered by OnDeck Softball
 Futures Fastpitch Clinic (January 2, 2013)
 Fastpitch Exposure Camp (January 3, 2013)

Please read this form carefully and be aware in registering your minor child/ward for participation in this program you will be waiving and releasing all claims for injuries your minor child/ward might sustain arising out of this program.

As the parent/guardian of the participant in the program, I recognize and acknowledge that there are certain risks of physical injury and I agree to assume the full risk of any injuries (including death), damages, or loss which my minor child/ward may sustain as a result of participating in any and all activities connected with or associated with such program.

I agree to waive and relinquish all claims I or my minor child/ward may have, as a result of participating in the program, against Southwest Suburban Girls Softball, Inc. (“SSGS”), William A. Conroy, Beverly Bandits Softball, Inc., Chicago Bandits LLC, OnDeck Softball, and each of their respective agents, employees, and volunteers (collectively the “Released Parties”).

I do hereby fully release and discharge the Released Parties from any and all claims from injuries (including death), damage, or loss which I or my minor child/ward may have or which may accrue to my minor child/ward on account of participation in the program.

I further agree to indemnify and hold harmless and defend the Released Parties from any and all claims resulting from injuries (including death), damages, and losses sustained by me or my minor child/ward or arising out of, connected with, or in any way associated with the activities of the program.

In the event of any emergency, I authorize the Released Parties to secure from any licensed hospital, physician, and/or medical personnel any treatment deemed necessary for my minor child's immediate care and agree that I will be responsible for payment of any and all medical services rendered.

I have read and fully understand the above Waiver and Release of Claims Form and Permission to Secure Treatment.

Parent/Guardian Signature)

(Date)