



YUBA COLLEGE BASEBALL



PROSPECT CAMP

WHAT: -BE EVALUATED BY YUBA COLLEGE COACHES
 -GAIN INSIGHT INTO THE YUBA COLLEGE BASEBALL PROGRAM
 -FULL DAY OF INSTRUCTION BY YUBA COLLEGE COACHES & PLAYERS
 -INCLUDES CAMP T SHIRT

WHERE: YUBA COLLEGE BASEBALL FIELD (MARYSVILLE CAMPUS)

WHEN: SUNDAY, SEPTEMBER 29, 2019
 AGES 14-18 @ 10AM-2PM

COST: \$40 PER PLAYER (CASH IS ACCEPTED)
 MAKE CHECK PAYABLE TO YUBA COLLEGE BASEBALL.
 MAIL CHECK TO: YUBA COLLEGE ATTN: BASEBALL
 2088 NORTH BEALE RD.
 MARYSVILLE, CA 95901

For questions please call the baseball office:
530-741-8726. Or Email head coach Jason Hampton
jhampton@yccd.edu

NAME:	AGE:	PARENT(S) NAME(S):
ADDRESS/CITY/ZIP:	BEST EMAIL:	BEST PHONE NUMBER:
EMERGENCY CONTACT(NOT PARENT):	PHYSICIAN NAME/PHONE:	MEDICAL INSURER/POLICY #:

RELEASE AND ASSUMPTION OF RISK

As a parent or guardian of the above named participant, I hereby state that I am voluntarily applying for my child to participate in baseball related activities with Yuba College Baseball. I am aware that recreation and sporting activities may be dangerous or hazardous activities. My child is voluntarily participating in this activity with the knowledge of the danger involved. I hereby agree to accept any and all risk of injury, death or damage to personal property. I hereby state that my child is in good health and has my permission to participate in Yuba College Baseball related activities. In consideration for entering into a contract with Yuba College, I hereby agree that I voluntarily release, discharge, waive and relinquish any and all actions or causes of action for personal injury, property damage or wrongful death occurring to my child arising as a result engaging in the recreation activities or any activities incidental thereto, wherever or however the same may occur and for whatever period such activities may continue, and I, my assignees, heirs, guardians, and legal representatives, hereby release, waive, discharge and relinquish any action or causes of action, aforesaid, which may hereafter arise for myself and for my estate and agree that under no circumstances will I or my child's assignees, heirs, guardians, and legal representatives prosecute, present any claim for personal injury, property damage or wrongful death against, Yuba College Baseball, owner, or any of its officers, agents, servants, coaches, spectator, participant or employees for any such persons or otherwise. I have carefully read this agreement and fully understand its contents. I am aware that this is a release of liability for future claims and is a contract between myself and Yuba College Baseball and I am signing it on my own free will.

Signature _____ Print Parent/Guardian _____ Date _____

- Please cut waiver out and mail in with check.