

YUBA COLLEGE BASEBALL

WINTER PROSPECT CAMP



| WHAT: | -BE EVALUATED BY YUBA COLLEGE COACHES |
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| | -GAIN INSIGHT INTO THE YUBA COLLEGE BASEBALL |
| | PROGRAM |
| | -FULL DAY OF INSTRUCTION BY YUBA COLLEGE COACHES |
| | & PLAYERS |
| WHERE: | YUBA COLLEGE BASEBALL FIELD |
| | (MARYSVILLE CAMPUS) |
| WHEN: | SATURDAY, JANUARY 18TH, 2020 |
| | AGES 15-18 @ 11AM-2PM |
| COST: | \$50 PER PLAYER (CASH IS ACCEPTED) |
| | MAKE CHECK PAYABLE TO <u>YUBA COLLEGE BASEBALL</u> . |
| | MAIL CHECK TO: YUBA COLLEGE ATTN: BASEBALL |
| | 2088 NORTH BEALE RD. |
| | MARYSVILLE, CA 95901 |

For questions please call the baseball office: 530-741-7725. Or Email head coach Jason Hampton jhampton@yccd.edu to register with Name, Age, Position, & Highschool.

| NAME: | AGE: | PARENT(S) NAME(S): |
|-----------------------------------|-----------------------|---------------------------|
| ADRESS/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 leease, 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_

• Please cut waiver out and mail in with check.