

BASEBALL SKILLS CLINIC

WHAT:

ALL SKILL'S BASEBALL

Pitching, Hitting, Fielding

"LIVE GAMES AT END OF EVERY DAY"

WHERE:

WOODCREEK LITTLE LEAGUE (MAHANY)

WHEN:

TUES, WED, THURS - July 11,12,13

How MUCH:

\$125 for 3 day Clinic + \$85 any sibling

***A portion of the proceeds will be given back to the little league**

TIMES:

9:00 AM - 12 NOON~ AGES 6-13

CAMP INCLUDES: YUBA COLLEGE PLAYERS AND COACHES

**Registration Process: Email Ryan Evangelho at baseball@yccd.edu with Player Name & Age
By July 7th.**

**Please arrive 10-15 minute earlier on July 11th to sign in
Payment and waiver will be Due at this time.**

Registration contact number is: 916-214-3283

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 Golden Spikes 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 Golden Spikes Baseball related activities. In consideration for entering into a contract with Golden Spikes, and its Owners, 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, Golden Spikes 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 Golden Spikes Baseball and I am signing it on my own free will.

Signature _____ Print Parent/Guardian _____ Date _____

CAMP DIRECTOR: RYAN EVANGELHO HEAD BASEBALL COACH YUBA COLLEGE
FOR MORE INFO CALL THE BASEBALL OFFICE LINE 916-214-3283 CALL OR EMAIL
BASEBALL@YCCD.EDU