Pinnacle Baseball Academy

Camp/Clinic Registration Form

Player Name _____ Date of Birth _____

Player Nickname _____

Parent Name_____ Phone # _____

Address _____

School attending _____ Grade _____

Email Address _____

Circle One:

Baseball:

11/15/14 - Infield - $150

12/06/14 & 12/13/14 - Catching - $250

12/07/14 & 12/14/14 - Pitching - $250

1/10/2015 - Hitting - $350 *(Runs 8 consecutive Saturdays)*

Softball:

11/22/14 - Pitching - $150

Waiver:

As parent or legal guardian of the player(s) named below, I understand and appreciate the risks associated with the sport of baseball and related training activities. I am fully aware of the risk of injury involved, catastrophic injury, paralysis, even death as well as other damages and losses associated with participation in baseball and related training activities.

I understand that is the intent of Pinnacle Baseball Academy (PBA), LLC to provide for the safety and protection of my child/children/ward(s), and in consideration for allowing my child/children/ward(s) to use PBA,LLC facilities, I hereby forever waive and release PBA, LLC, it's owner, officers, employees, instructors, directors, coaches, landlord, and independent contractors from all liability for any damages and injuries suffered by my child/children/ward(s) while under instruction, supervision, or control of PBA, LLC and Pinnacle Baseball (Non-profit).

As legal parent or guardian of the player(s) named above, I hereby verify by my signature below that I accept the conditions of the waiver and release and furthermore I permit my child/children/ward(s) to participate in the baseball and related training activities/events provided by PBA, LLC/Pinnacle Baseball. In addition, I authorize the staff of PBA to give medical authorization in the event of an emergency and I am unable to be reached.

Parent Printed Name X _____

Parent Signature X _____

Date X_____

Prepayment can be mailed to 9107 Brock Road Spotsylvania VA 22553. Checks should be made payable to Pinnacle Baseball Academy