



**2016 DELGADO BASEBALL & SOFTBALL
CAMP & CLINIC REGISTRATION FORM & WAIVERS**

Player's Name

Desired Clinic(s)

Hitting Pitching Fielding Catching

Age Date of Birth

Desired Day Desired Time

Position(s)

Parent/Guardian Home Phone

Work Phone Mobile Phone

Mailing Address Street

City Zip Code

Email Address

Medical Conditions (ex: Asthma)

Medication Allergies

Release and Indemnity Agreement

I hereby give consent for my child to participate in instructional lessons, clinics and/or camps at Delgado Baseball Development. I understand that injuries, and property loss can occur during such a sport as baseball/softball. I hereby release and agree to hold harmless Delgado Baseball Development, Reymundo Delgado Hernandez, all instructors, and/or affiliated companies and their respective agents and any employees of Delgado Baseball Development of any liability claim, demands, injuries, or causes of action which may arise by virtue of acts, or decisions to act, negligible or otherwise. This form MUST be signed by a parent/guardian if child is under 18 years of age. I also give permission to Delgado Baseball Development and Reymundo Delgado Hernandez to use photographs/Video clips of my child for purpose of advertising in brochure, social media and website material. The undersigned parent/guardian authorizes Delgado Baseball Development, Reymundo Delgado Hernandez, all instructors, employees, and its Agents permission to request medical treatment as necessary to insure the well being of the above listed dependent. No Make-Up dates are allowed for missed sessions without an 24 hour notice. Refunds are not granted if my child is unable to participate for any reason in the desired lesson package, clinic, and/or camp, a credit will be applied to another future event.

Signature Date

SUBMIT