SUMMER BASEBALL CAMP 2015

June 15-18 (9am till noon)

Ages 5-12  Cost $100  Campers get: 12 hours of baseball instruction and scrimmage and a JCJC Baseball Tee-Shirt

Mail this form, the completed waiver form, and your payment (check or cash) to our office to ensure a camp tee-shirt. Registering the first day of camp will also be permitted.

Mail to: Christian Ostrander
Baseball Summer Camp
900 South Court Street
Ellisville, MS 39437

Make checks payable to: ’Bobcat Dugout Club’

All camp activities will take place at Community Bank Park @ JCJC

REGISTRATION FORM:

Camper’s Last Name:________________________  First Name:________________________

Parent’s Last Name:________________________  First Name:________________________

Camper’s Address:___________________________  City:________________ Zip:___________

Camper’s Cell #:_________________________  Parent Cell #:_________________________

Parent’s Email:___________________________  Secondary Phone #:_____________________

School:___________________________  Grade:_____

Camper’s Age:__________  Camper’s Shirt Size:    YS     YM      YL       AS AM AL          AXL

Campers will be placed on a team according to their age and enjoy hours of fun while getting first-hand baseball instruction.

Please mail this form along with the waiver and your payment to our office before the week of camp to secure your spot!

Walk-up Registration begins at 8:30am Monday, June 15 at the ballpark

Contact Coach Kirtland at 601-477-4088 with any questions!

COMPLETE THE BACKSIDE OF THIS PAGE!!!
JONES COUNTY JUNIOR COLLEGE BASEBALL CAMP WAIVER AND RELEASE OF LIABILITY

JONES COUNTY JUNIOR COLLEGE (INCLUDING ITS AGENTS AND EMPLOYEES) IS NOT RESPONSIBLE FOR ANY PERSONAL INJURY, DISABILITY, DEATH, OR LOSS OF PROPERTY SUFFERED WHILE PLAYING, PRACTICING, PARTICIPATING IN, OR OBSERVING THE BASEBALL CAMP.

In consideration of my participation, I release and covenant not to sue Jones County Junior College Board of Trustees (including its agents and employees) from and for any and all present and future claims of any type, arising as a result of my playing, practicing, participating in, or observing activities involved with the Baseball Camp. I voluntarily waive any and all claims, both present and future, that may be made by me, my family, estate, heirs, or assigns against the college and/or the Board.

Further, I am aware that participating in this event involves serious cardiovascular stress and possibly violent physical contact by another individual, equipment, and/or baseballs. I understand that the game of baseball involves certain risks, including but not limited to, death, serious neck, head, and spinal injuries resulting in complete or partial paralysis, brain damage, and serious injury to all bones, joints, muscles, and internal organs, and that equipment provided for my protection may be inadequate to prevent serious injury. I further understand that the game of baseball involves a particularly high risk of knee, arm, head and neck injury. In addition, I understand that playing baseball involves incidental activities, including but not limited to, travel to and from the site of the activity, participation at sites that may be remote from available medical assistance, and the possible reckless conduct of other participants. I am voluntarily participating in this activity with knowledge of the danger involved and agree to accept any and all inherent risks of property damage, personal injury, disability, or death.

I understand that Jones County Junior college and the Board do not provide medical and accident insurance for me. In the event of accident or illness, as a result of which I am unable to secure necessary medical attention, I consent to the securing of necessary charges and costs which result by accident or illness are fully my responsibility and fully discharge the College and the Board from assuming any financial obligation for me.

I further agree to indemnify and hold harmless the College and the Board for all claims arising as a result of my playing, practicing, participating in, or observing this full league camp or any incidental activities.

I understand that this waiver and release is intended to be as broad and inclusive as permitted by the laws of Mississippi and agree that, if any portion is held invalid, the remainder of the release and waiver will continue in full force and effect. I agree that Mississippi will be the venue for any legal proceedings related to the baseball camp in which I participate.

If I am under 18, I am giving up legal rights and/or remedies which may be available for me for the conduct of the College and the Board. If I am under 18, the signature of my parent is required and such a signature signifies acceptance of the parent of the above stated conditions.

______________________________________________________             ___________________________________________________
(Signature of Participant)          Age   (Printed Name of Participant)  Date

________________________________________________________ _______________________________________________
(Address)  (City)         (State)  (Zip)   Parent Cell Phone Number

______________________________________________________             ___________________________________________________
(Signature of Parent/Guardian if Participant is under 18)   (Printed Name of Parent/Guardian) Date

Mail this waiver and completed registration form along with your $100 check (payable to “Bobcat Dugout Club”) to:

Christian Ostrander Summer Baseball Camp 900 South Court Street Ellisville, MS 39437

Getting your registration in before the week of camp reserves your spot and gets your Tee-Shirt.

COMPLETE THE BACKSIDE OF THIS PAGE!!!