

# Baseball Performance Camp

## Registration/Release Form

**This Section must be completed by parent/guardian if athlete is under 18:**

I hereby authorize ASAP Performance Training to act accordingly in their best judgment in any emergency requiring medical attention and I hereby waive and release ASAP Performance Training or it's affiliated partners from any and all liability for any injuries and/or illness suffered during the Baseball Performance Camp with ASAP Performance Training.

\_\_\_\_\_ Initial here to confirm that you have read and understand the above release instructions.

Signature of Parent (If athlete is under the AGE 18)

\_\_\_\_\_ Date \_\_\_\_\_

Print Parent Name \_\_\_\_\_

**Athlete Info:**

Name (Full Name) \_\_\_\_\_

Age: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Parent Email: \_\_\_\_\_

Player Email: \_\_\_\_\_

Current Baseball League/Team: \_\_\_\_\_

Referred by (If applies): \_\_\_\_\_

**Payments**

\$75 \_\_\_\_\_ Register by November 30<sup>th</sup> (Fax must be received by this date)

\$100 \_\_\_\_\_ Register after November 30<sup>th</sup>

**Fax all Registration forms to: (661) 257-1970**



For the player, \_\_\_\_\_, the player and/or the person paying the registration fee hereby accepts the opportunity to play in the SCV Baseball Performance Camp, and agrees to the following terms:

- I understand that I am not entitled to a refund of the registration fee if I am/my son is unable to attend the event because of illness, injury, scheduling conflict or for any other reason.
- I understand and acknowledge the risks and dangers involved in my/my child's participation in the event and assume all risks of injury and damage incident to my/my child's participation. Further, in consideration of my/my child being allowed to participate in the event, I hereby release, discharge and relinquish, **ASAP Performance Training**, its officers, agents, representatives, employees and officials of and from all claims, demands, actions and causes of action of any sort, for any injuries sustained by me/my child while participating in the event and agree to hold them harmless and indemnified.
- I understand that **ASAP Performance Training** does not provide medical insurance coverage for the players. By signing this waiver I acknowledge to **ASAP Performance Training** that I have medical insurance coverage and will be responsible for all medical expenses incurred as a result of participating in the event.
- I agree to abide by the rules and regulations of the baseball stadium/field on which the event is held including such things as not using alcohol or tobacco products on the grounds or in the parking lots. I understand that I may be removed from the event for violating any of these rules.
- **ASAP Performance Training** takes candid photos and videos of all the participants. Your agreement here implies willingness to be photographed. These photos may be used on our Web site, in videos sold to participants or in our marketing material.

---

Parent / Guardian Signature

---

Date

# Baseball Performance Camp

## Modified PAR-Q Form

Name (child)			Date
DOB	Age	Home Phone	Work Phone

Regular exercise associated with many health benefits, yet any change of activity may increase the risk of injury. Completion of this questionnaire is a first step when planning to increase the amount of physical activity in your life. Please read each question carefully and answer every question honestly:

Yes	No	1) Has a physician ever said you have a heart condition and you should only do physical activity recommended by a physician?
Yes	No	2) When you do physical activity, do you feel pain in your chest?
Yes	No	3) When you were not doing physical activity, have you had chest pain in the past month?
Yes	No	4) Do you ever lose consciousness or do you lose your balance because of dizziness?
Yes	No	5) Do you have a joint or bone problem that may be made worse by a change in your physical activity?
Yes	No	6) Is a physician currently prescribing medications for your blood pressure or heart condition?
Yes	No	7) Do you have insulin dependent diabetes?
Yes	No	8) Are you 69 years of age or older and not used to being very active?
Yes	No	9) Do you know of any other reason you should not exercise or increase your physical activity?

**If you answered yes to any of the above questions, talk with your doctor BEFORE you become more physically active. Tell your doctor your intent to exercise and to which questions you answer yes.**

If you honestly answered no to all questions you can be reasonably positive that you can safely increase your level of physical activity gradually.

If your health changes so you then answer yes to any of the above questions, seek guidance from a physician.

**List any injuries/surgeries/allergies:**

Parent signature	Date
------------------	------