



Whitecaps Community Foundation 2019 Youth Clinic Registration Form



Thursday, July 11th & Friday, July 12th
8:30 a.m. - 12:30 p.m.

Registration Deadline: Monday, July 1st

\$85.00 Includes: Daily lunch, Whitecaps Community Foundation Clinic T-shirt, Two lawn tickets to the July 12th Whitecaps game, as well as daily instruction from West Michigan Whitecaps coaches and players. Participants must be between the ages of 8-12.

THIS FORM IS INTERACTIVE AND MUST BE TYPED & SUBMITTED VIA EMAIL TO: JESSICAM@WHITECAPSBASEBALL.COM

Participant Information

Participant Name:				Age:		Birth date:	
T-shirt Size Youth:	Small	Medium	Large	Adult sizes:	Small	Medium	Large
Address:			City:		Zip code:		
Guardian Name:				Guardian Phone:			
Email for Confirmation:							

Payment Information

CC#:	
Exp date:	V code:

Additional Information

1. No refunds or exchanges
2. If you would like to call in payment information please do so at the number below
3. No metal cleats
4. The child's age will determine the group he/she resides in. No special group request will be taken

Waiver & Release Form

Please read this form carefully and be aware in registering your child or ward for participation in this clinic you will be waiving and releasing all claims for injuries your minor child/ward might sustain arising out of this clinic. As a parent/guardian of a participant I recognize and acknowledge that there are certain risks of physical injury resulting from participation in the clinic and I agree to assume the full risk of any injuries, damages or loss which my minor child/ward sustain as a result of participating in any and all activities connected with or associated with such clinic. I agree to waive and relinquish all claims I may have against the West Michigan Whitecaps and its officers, agents, servants and employees as a result of my child/ward's participation in the clinic. I do hereby fully release and discharge the West Michigan Whitecaps and its officers, agents, servants, and employees from any and all claims from injuries, damage or loss which my minor child/ward's participation in the clinic. I further agree to indemnify and hold harmless and defend the West Michigan Whitecaps and its officers, agents, servants and employees harmless from any and all claims resulting from injuries, damages and losses sustained my minor child/ward and arising out of, connected with or in any way associated with the activities of the clinic. I have read and fully understand the above Program Details and Waiver and Release of All Claims.

Signature:

Date: