



BOYS OF SUMMER BASEBALL TRAINING CAMPS

Spring Training Prep Camp 2010 (Fargo, ND)

- 1) Dates: April 12th, 13th, 14th, 16th, 17th, 18th (6 day camp)
- 2) Location: Lindenwood, Brunsdale, or DASH (to be determined)
- 3) Times/Ages: This camp is for players ages 8 to 12.
 - a. Times: 6pm to 8pm on April 12th, 13th, 14th, 16th
1pm to 3pm on April 17th, & 3:30 to 5:30 on the 18th
- 4) Cost: \$125 for full camp (e-mail for prorated cost if you can't make full camp)
- 5) What to bring: Tennis shoes (no spikes), baseball cap, glove, bat, batting gloves, warm clothes such as long sleeve shirt/jacket and long pants (no shorts or short sleeve shirts please), and water to drink
- 6) Camp Details:
 - a. This camp will get you **READY** for the **SEASON!!**
 - b. This is a fun, competitive learning camp for players of all ages. We will both teach and correct proper mechanics as we do in our regular camps, but this camp will involve **MORE** games & game situations
 - c. **THIS CAMP WILL INVOLVE HITTING, THROWING, RUNNING, AND FIELDING and GAMES!!**
 - d. The overall purpose of this camp is to get ready for tryouts and or the season to begin.
 - e. Player's will learn proper mechanics and be off to a great start for the summer!

To register for this camp, please fill out the Registration & Waiver form and either mail with a check, or purchase online and bring the waiver/registration to the first day of camp.

Mail To: Boys of Summer 11430 Hastings St. NE Blaine, MN 55449

Questions? Contact Josh Oien at [701-306-3218/josh@boscamp.com](mailto:josh@boscamp.com)

www.boscamps.com



Boys of Summer Baseball Training Camps

Registration, Waiver, & Release of Liability

Which Camp(s) are you registering for? _____

Today's Date _____ Total Cost/Amount Enclosed _____

Athlete's Name _____ Date of Birth _____ Current Age _____

Both Parent's/Guardian's Names _____

Home Phone # _____ Athlete's Cell # _____ Parent's Cell #'s _____

Home Address: _____

City _____ State _____ Zip Code _____

E-mail Address(s) _____

School _____ Emergency Contact _____

Does the Athlete have any medical conditions, injuries, or anything that may possibly be affected by participating in this training program? YES NO (circle one) If YES, EXPLAIN below:

Boys of Summer LLC camp participants assume all risk of personal injury, death, property loss, or other damages that may relate to attending or participating in any of Boys of Summer LLC programs, activities, or special events. By assuming those risks you and your guests waive, and release, all claims you or your guests may have or may want to assert against Boys of Summer, its trainers, Josh Oien, officers, directors, managers, employees, agents, and representatives for any such personal injuries, death, property loss, or other damages connected to or arising out of any of the aforesaid risks. You and your guests release Boys of Summer from all claims, damages, demands, rights of action, causes of action, and liabilities, present or future, known or unknown, anticipated or unanticipated, resulting from or arising out of the visitor's and its guests' attendance at our use of our facility or their participation in any of our activities, programs, or special events, including, without limitation, those arising from our negligence or that of any other member of the Boys of Summer. You and your guests also release all members of the Boys of Summer from all liability relating to loss, theft, or damage to personal property. By signing this form, you represent that the visitor is physically fit to engage in the activities in which he or she participates in the training camp. You are solely responsible for all health risks associated with those activities. By signing this document, I declare that I have no known medical problems that would preclude my participation in the programs, and the information provided to Boys of Summer regarding my medical history and physical condition is, to the best of my knowledge, true and correct. My participation in the Boys of Summer program is voluntary and I assume all risk of injury or contraction of any illness or medical condition that may result, or the aggravation of any pre-existing medical condition I may have, or any damage, loss or theft of any personal property resulting or arising out of my participation in the program. I understand and acknowledge that Boys of Summer has no expertise in diagnosing, examining or treating any medical condition, whether existing or incurred as a result of my participation in the Boys of Summer program. I understand and acknowledge that Boys of Summer has made no guaranty of success or improvement as a result of my participation in the program.

I HAVE CAREFULLY READ THIS WAIVER AND RELEASE AND FULLY UNDERSTAND THAT IT IS A COMPLETE RELEASE OF LIABILITY. THAT I HEREBY WAIVE ANY RIGHT THAT I MAY NOW HAVE OR WILL HAVE TO BRING ANY LEGAL ACTION AGAINST BOYS OF SUMMER, ITS EMPLOYEES, AGENTS, SUCCESSORS OR ASSIGNS, FOR ANY LIABILITIES THAT MAY RESULT, WHETHER DIRECTLY OR INDIRECTLY, FROM BOYS OF SUMMER NEGLIGENCE. BY SIGNING BELOW, I ACKNOWLEDGE THAT I HAVE CAREFULLY READ AND FULL UNDERSTAND THIS RELEASE.

Parent/Guardian Printed Name _____
(if athlete is under 18yrs of age)

Parent/Guardian Signature _____ Date _____
(if athlete is under 18yrs of age)

Relationship to Athlete _____

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