



# CLASSIC PARK

## THREE-DAY YOUTH BASEBALL CAMP



### Three- Day Camp Details

- Wednesday, Aug. 2, Thursday, Aug. 3 and Friday, Aug. 4 from 10am-1pm
- Open to ages 7-14 and limited to 100 participants
- \$140 per camper

### Each Camper Receives

- Exclusive Camp T- Shirt
- Captains Logo Baseball
- Coach and Player Autograph Session
- Instructions on the field and in batting cages by Captains players and coaches
- Lunch each day at 1pm
- One ticket voucher per camper for any 2017 Captains home game

Please bring the following: glove, hat, comfortable clothes, bat (optional), sun screen (optional).  
**NO CLEATS OR SPIKES**, and please write your name on all equipment.

Cannot be combined with any other offers · Please return form prior to one week before event date

Mail order to: Lake County Captains · Attn: Nick Dobrinich · 35300 Vine Street · Eastlake, OH 44095  
 Phone: (440) 975-8085 ext. 110 Fax: (440) 975-8958 Email: Ndobrinich@CaptainsBaseball.com

### Registration Information

Camper's Name: \_\_\_\_\_ Age: \_\_\_\_\_  
 Camper's Name: \_\_\_\_\_ Age: \_\_\_\_\_  
 T- Shirt Size (Please Circle): Youth M Youth L Adult S Adult M Adult L  
 Parent/ Guardian's Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Email Address (required): \_\_\_\_\_  
 Emergency Contact Name: \_\_\_\_\_ Phone #: \_\_\_\_\_



### Order Information

3- Day Camp (Aug. 2, 3 & 4) \_\_\_\_\_ X \$140 = \_\_\_\_\_ Additional Ticket Vouchers \_\_\_\_\_ X \$9= \_\_\_\_\_  
 Game Date (Optional): \_\_\_\_\_ Total: \$ \_\_\_\_\_

### Payment Information (checks made payable to the Lake County Captains)

Please Circle One: Check VISA MC DISC AMEX  
 Credit Card #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_  
 3 Digit Code: \_\_\_\_\_ Signature: \_\_\_\_\_

**PLEASE COMPLETE SAFETY WAIVER BEFORE ARRIVAL**



**RELEASE OF LIABILITY -- READ BEFORE SIGNING**

In consideration of being allowed to participate in any way with the Lake County Captains Baseball Camp, to be hosted at Classic Park in Eastlake, OH between 8/2/17 – 8/4/17 its related events and activities, I, \_\_\_\_\_, the undersigned, acknowledge, appreciate, and agree that:

The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular skills, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,

I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and,

I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the Lake County Captains staff immediately; and,

I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS the Lake County Captains Professional Baseball Team, the Cleveland Indians and its officers, agents and or/employees, the Midwest League and its officers, agents and or/employees, the City of Eastlake and its officers, officials, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and lessors of premises used for the activity ("Releasees"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

**I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.**

x \_\_\_\_\_ Age: \_\_\_\_\_ Date Signed: \_\_\_\_\_  
PARTICIPANT'S SIGNATURE

**FOR PARENTS/GUARDIANS OF PARTICIPANTS OF MINORITY AGE**  
(UNDER AGE 18 AT TIME OF REGISTRATION)

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releasees, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES, to the fullest extent permitted by law.

x \_\_\_\_\_ Date Signed \_\_\_\_\_  
PARENT/GUARDIAN'S SIGNATURE

EMERGENCY. PHONE # (s) : \_\_\_\_\_