

Cypress Infield Academy
Baseball & Softball Camp – Registration Form

Player Name: _____ Age _____

Player Address: _____

City _____, TX. Zip Code _____

Parent(s) Name: _____

Emergency Contact Name: _____

Emergency Contact Number: _____

Secondary Emergency Contact Number: _____

Shirt Size (circle one): Youth S M L XL Adult: S M L XL

Payment Information: Cash _____ or Check # _____

Camp will be held Monday through Thursday, Friday will be the rain out day. No refunds will be issued once camp begins.

Medical Release:

I hereby permit my child to participate in the Cypress Infield Academy program. I understand and fully accept that there are risks involved in sports, and that accidents and injuries are common and are ordinary occurrences of sports. I hereby release and hold harmless Cypress Infield Academy, Cypress Infield Academy staff, designated coaches, officers of the company and program officials and supervisors from all liability, and from all actions or claims that I or my child now or hereafter have for damage or injury to my child, or to any person or property, resulting from the negligence or other acts of any employees or volunteers in connection with my child's participation.

In case of a medical emergency, I hereby give permission to Cypress Infield Academy to order treatment for my child. This includes any necessary medical treatment and x-rays. Of course, I understand that an attempt will be made to reach me by phone prior to or when a diagnosis is completed. I also understand that all related medical costs are my responsibility and will not seek damages from Cypress Infield Academy or ownership of the company.

Parent or Guardian Signature

Date