



B A S E B A L L

POPE HIGH SCHOOL PRESEASON WORKOUTS

Participant's Information

Player Name:	Home Phone:
Address:	Main Email:
City, State, Zip:	
Date of Birth:	Grade:
School: Pope High School	Primary Defensive Position:

Legal Guardian Information (Contact Information For Emergency)

Mother's Name:	Father's Name:
Home Phone:	Home Phone:
Work Phone:	Work Phone:
Cell Phone:	Cell Phone:

Please list any allergies, medications currently taking, or physical limitations that would prohibit full participation in the workouts:

<p><u>HIGH SCHOOL PLAYERS</u></p> <p>Time - 4:00 PM to 6:00 PM</p> <p>Location:</p> <p>Pope High School Baseball Complex</p> <p>Pricing:</p> <p>1 Session - \$50 2 Sessions - \$90</p>	<p><u>DATES for 2014</u></p> <p>Wednesday: January 8th</p> <p>Friday: January 10th</p> <p>PLEASE CIRCLE DATES OF PARTICIPATION</p>	<p><u>METHOD OF PAYMENT</u></p> <p>CASH _____ CHECK _____</p> <p>If by check please, indicate check # _____</p> <p>Please make checks payable to:</p> <p style="text-align: center;">6-4-3 DP ATHLETICS</p> <p>Please Mail Registration Form, Waiver, and Checks to:</p> <p style="text-align: center;">P.O. Box 643, Marietta, GA 30061</p> <p>DATE OF PAYMENT: ____/____/2014</p>
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B A S E B A L L

MEDICAL RELEASE, WAIVER, INDEMNIFICATION AND PARTICIPATION AGREEMENT

I have authority and give my consent for _____, my son/daughter, to participate in all games and activities sponsored or coordinated by 6-4-3 DP Athletics, LLC or its successors or assigns (hereinafter referred to as "6-4-3 DP").

I understand that there are certain risks of damages and injuries, including death, inherent in the practice and play of baseball as well as in traveling and other related activities incidental to my child's participation as described herein, and I am willing to assume these risks on behalf of my child. On behalf of my child and myself, I do voluntarily elect to accept and solely assume all risks of injury incurred or suffered by my child while participating in the activities contemplated herein. I hereby waive, release, discharge the employees, officers, directors, contractors and associates of 6-4-3 DP from any liability whatsoever and further release same from any claim, damages, costs including attorneys fees, or cause of action which I or my child have or may have in the future as a result of damages, injuries, including death, sustained or incurred by my child from whatever cause including, but not limited to, the negligence, breach of contract or wrongful conduct of the parties hereby released. I further hereby request and grant permission to coaches, assistant coaches, employees, associates, contractors and other officials and chaperones designated by 6-4-3 DP to obtain reasonable medical care for my child named above in the event of injury or illness during any camp/clinic activity if a parent or legal guardian is not present. Such care may include, but shall not be limited to, first aid treatment, transportation to a medical facility and authorization for a physician to perform treatment as recommended by the physician. (Parents will be notified in case of serious illness or injury as quickly as they can be contacted, but this release will make immediate treatment possible). I agree to fully indemnify and hold harmless any and all employees, officers, directors, contractors, coaches and associates of 6-4-3 DP and further release same for those applicable matters set forth herein including all claims made or liabilities assessed as a result of my actions. I further specifically agree not to sue any of the persons or entities mentioned above for any of the claims or liabilities that I have waived, released or discharged herein on behalf of myself and/or on behalf of my child.

Signature of Parent or Guardian

Date

Printed Name of Parent or Guardian

WWW.643DPATHLETICS.COM