



# Kannapolis Intimidators Youth Baseball Camp

## Registration Form

Name of Player \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Guardian's Name \_\_\_\_\_ Emergency Contact Number \_\_\_\_\_

Email Address \_\_\_\_\_

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

**Payment Enclosed (cost \$165.00 before July 1<sup>st</sup>, \$180 on or after July 1st)**

Check \_\_\_\_\_

Credit Card

Visa \_\_\_\_\_ Exp. \_\_\_\_\_

Mastercard \_\_\_\_\_ Exp. \_\_\_\_\_

Discover \_\_\_\_\_ Exp. \_\_\_\_\_

**\*\*Players must bring their own equipment.**

**Release and Indemnify: (READ CAREFULLY BEFORE SIGNING)**

In consideration of my child's participation in the Kannapolis Intimidator Youth Baseball Camp (the "Event") at Fieldcrest Cannon Stadium (the "Sports Complex") presented by Darwin Sports, Inc DBA Core Athletics Training Facility, I agree to assume the risks incidental to such participation and use (which risks may include, among other things, muscle injuries and broken bones) and, on my child's behalf, I hereby release and forever discharge the Released Parties defined below, of and from all liabilities, claims, actions, damages, costs or expenses of any nature arising out of or in any way connected with my child's participation in such activity, and further agree to indemnify and hold each of the Released Parties harmless against any and all such liabilities, claims, actions, damages, costs, or expenses including, but not limited to, all attorney's fees and disbursements. For this Event at the Sports Complex, the Released Parties are Darwin Sports Inc, DBA Core Athletics and its related and affiliated companies, Fieldcrest Cannon Stadium and its directors, officers, and employees, the Kannapolis Intimidators and its affiliated companies, officers, and employees, and MLB. I understand that this Release and Indemnity Agreement includes any claims based on the negligence, action or inaction of any of the above Released Parties and covers bodily injury (including death) and property damage, whether suffered by my child, before, during or after such participation. I declare that my child is physically fit and has the skill level required to participate in this particular Event. I further authorize medical treatment for my child at my cost, if the need arises. I also understand that my child may be required to leave the Sports Complex should my child or I exhibit undesirable conduct with no refund.

**Adult Signature Required (Parent or Guardian)**

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

**To register your child, fill out this registration form and send your payment payable to:**

**Darwin Sports, Inc.  
246 Perennial Dr. NW  
Concord, NC 28027**

