



PARADIGM SPORT

2017 Paradigm Sport Summer Baseball Camp July 10 – July 14 • Ages 9 – 14

Registration Form

(Please fill out one form for each child you are registering)

Fees

Registration: \$375 per child*

Early Registration: \$325

Early Registration ends April 30th

Sibling Discount: \$295 each

*Lunch included in the cost of the camp.

Amount enclosed \$ _____

Paid online

Payment is non-refundable

\$20.00 returned check fee

Mail

All forms with check or money order to:

Paradigm Sport
120 Dubois St.
Suite B
Santa Cruz, CA 95060

Please make checks payable to:

Paradigm Sport

Child's name _____ Age _____ Birthdate _____

Address _____

Parent's name(s) _____

Home/cell phone(s) _____ Work/other phone(s) _____

Email address _____ T-shirt size _____

How did you hear about our camp? _____

Sign here to authorize Paradigm Sport the use of emails and photos taken of your child for the brochure, website, or other printed materials _____



PARADIGM SPORT

Minor Waiver/Release Release of Liability for Minor Participants PLEASE READ BEFORE SIGNING

IN CONSIDERATION OF _____, my child/ward, being allowed to participate in any way in the
Name Of Minor Child/Ward
Paradigm Sport Baseball Camp related events and activities, the undersigned acknowledges, appreciates, and agrees that:

1. The risk of injury to my child/ward from the activities involved in these programs is significant, including the potential for permanent disability and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,
2. I FOR MYSELF, SPOUSE, AND CHILD/WARD, 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 child/ward's participation; and,
3. I willingly agree to comply with the program's stated and customary terms and conditions for participation. If I observe any unusual significant concern in my child/ward's readiness for participation and/or in the program itself, I will remove my child/ward from the participation and bring such attention of the nearest official immediately; and,
4. I for myself, my spouse, my child/ward, and on behalf of my/our heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD

HARMLESS Paradigm Sport; its directors, officers, officials, agents, employees, volunteers, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event ("Releasees"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property incident to my child/ward's involvement or participation in these programs, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law; and,

5. I, for myself, my spouse, my child's/ward, and on behalf of my/our heirs, assigns, personal representatives and next of kin, HEREBY INDEMNIFY AND HOLD HARMLESS all the above Releasees from any and all liabilities incident to my child's/ward involvement or participation in these programs, EVEN IF ARISING FROM THEIR NEGLIGENCE, 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.

PRINT NAME

PARENT/GUARDIAN SIGNATURE

DATE SIGNED

UNDERSTANDING OF RISK

I understand the seriousness of the risks involved in participating in this program, my personal responsibilities for adhering to rules and regulation, and accept them as a participant.

PRINT NAME

PARTICIPANT'S SIGNATURE

DATE SIGNED



PARADIGM SPORT

2017 Baseball Camp Emergency Medical Information

Child's name _____

Home address _____

Parent's name(s) _____

Home/cell phone(s) _____

Father's work phone _____ Mother's work phone _____

Others to call _____

Name, phone & relationship of anyone else authorized to make medical decisions for the child.

Has child had tetanus shot within last 5 years? Yes No

Allergies or Reactions

Present Medications

Relevant or recent illnesses or injuries



PARADIGM SPORT

Medical Release Form Baseball Camp 2017

I/We, the undersigned, parent(s) of _____, a minor, do hereby authorize Paradigm Sport, as agents for the undersigned, to call 911 or to transport my child to an emergency care facility, to have certified staff perform rescue breathing or C.P.R. to maintain basic life support, and to authorize medical or surgical care/treatment for my child should an emergency arise where such service is indicated. I/We further authorize Paradigm Sport staff to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of, any physician and surgeon licensed under the provisions of the Medicine Practice Act or dentist licensed under the Dental Practice Act on the medical staff of any hospital whether such diagnosis or treatment is rendered at the office of said physician or at said hospital. I understand that head, neck or back injuries will be treated according to C-spine injury guidelines (backboard, immobilization, call 911), and that if my child is otherwise assessed as critically injured or in a life-threatening situation, 911 will be called immediately. The staff will attempt to notify the parents, or, if unavailable, the emergency contacts, at the phone numbers listed on your emergency medical information form. It is understood that this authorization pursuant to the provisions of Section 25.8 of the Civil Code of California is given in advance of any specific diagnosis, treatment, or hospital care, which the aforementioned physician in the exercise of his/her best judgment may deem advisable. I/We hereby authorize any hospital to provide treatment to the above-mentioned minor and to surrender physical custody of such minor to the above-named agent upon completion of treatment. This authorization is given pursuant to Section 1283 of the Health and Safety Code of California and Section 25.8 of the Civil Code of California. This authorization shall remain effective through July 14, 2017, unless sooner revoked in writing and delivered to said agent(s). In addition, the undersigned, in consideration of participation in this program, agrees to indemnify, hold harmless, and release Paradigm Sport from any and all liability for any injury or loss which may be suffered by the above-named individual registered in this program, arising out of or in any way connected with participation in this program. I have read the above agreement and fully understand that I assume all risks for any injuries my child receives while participating in Paradigm Sport's Summer Baseball Camp.

Parent/Guardian Signature

Date