

**Registration Form:**

Name: \_\_\_\_\_  
Position: \_\_\_\_\_ / \_\_\_\_\_ (primary & secondary) Bats/Throws: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_  
Email: \_\_\_\_\_

Pitching Session- \$75 \_\_\_\_\_  
Hitting/Defense Session- \$75 \_\_\_\_\_  
Pitching/Hitting/Defense Session- \$125 \_\_\_\_\_

Are you interested in a campus tour and/or information session? \_\_\_\_ Yes \_\_\_\_ No

High School (If Applicable): \_\_\_\_\_ Coaches Name \_\_\_\_\_ Cell \_\_\_\_\_

Graduation Year: \_\_\_\_\_ G.P.A. \_\_\_\_\_ SAT \_\_\_\_\_ ACT \_\_\_\_\_

T-Shirt Size: \_\_\_\_\_ (SM-XXL)

**Travel Ball Information:**

Team: \_\_\_\_\_ Jersey # \_\_\_\_\_ Coach: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

**Emergency Information:**

Emergency Contact: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_ Alt. Number: \_\_\_\_\_

Allergies: \_\_\_\_\_ Medical Conditions: \_\_\_\_\_

**(Registration will close Friday, November 22<sup>nd</sup>, 2019)**  
**\*\*Please make checks payable to University of Lynchburg Softball**  
**\*Please mail your check and forms to the address below:**

**Coach Simmons**  
**Lynchburg College Softball**  
**Lynchburg College**  
**1501 Lakeside Drive**  
**Lynchburg, VA 24501**

**RELEASE AND COVENANT NOT TO SUE**

This is a legally binding release and covenant not to sue given by me,

\_\_\_\_\_ (print participant's full name)

to the University of Lynchburg.

In consideration for receiving permission to participate in the Lynchburg Softball Camp, I am freely and voluntarily entering into this release and covenant not to sue.

I fully recognize that there are dangers and risks to which I may be exposed by participating in the Lynchburg Softball Clinic November 23, 2019.

Examples of these risks and dangers include the risk of catastrophic injury, paralysis and even death, as well as other damages and losses, associated with participation in a softball event and related sports conditioning activities

I understand that the University of Lynchburg does not require me to participate in this activity, but I want to do so despite the dangers and risks and despite this release and covenant not to sue.

I therefore agree to assume and take on all of the risks and responsibilities in any way associated with this activity. In consideration of and return for being permitted to participate in this activity, and for the services, facilities and other things provided to me by the University of Lynchburg in this activity, I HEREBY RELEASE THE UNIVERSITY OF LYNCHBURG (and its trustees, employees or agents) FROM ANY AND ALL LIABILITY, CLAIMS AND ACTIONS THAT MAY ARISE FROM INJURY OR HARM TO ME, FROM MY DEATH OR FROM DAMAGE TO MY PROPERTY IN CONNECTION WITH THIS ACTIVITY. I UNDERSTAND THAT THIS RELEASE AND COVENANT NOT TO SUE COVERS LIABILITY, CLAIMS AND ACTIONS CAUSED ENTIRELY OR IN PART BY ANY ACTS OR FAILURE TO ACT OF THE UNIVERSITY OF LYNCHBURG (or its trustees, employees or agents), INCLUDING, BUT NOT LIMITED TO, NEGLIGENCE, MISTAKE OR FAILURE TO SUPERVISE BY THE UNIVERSITY OF LYNCHBURG.

I recognize that this release and covenant not to sue means I am giving up, among other things, rights to sue the University of Lynchburg for injuries, damages or losses that I may incur. I also understand that this release binds my heirs, executors, administrators and assigns as well as myself.

I have read this entire release and covenant not to sue, I fully understand it, and I agree to all of the terms and conditions as stated herein.

Participant Waiver (Signature is required in order to participate) In consideration of my participation in the Lynchburg Softball Camp sponsored events and activities, I agree to the following:

- 1. Medical Attention: I hereby give my consent to Lynchburg Softball Clinic to provide, through a medical staff of its choice, customary medical/athletic training attention, transportation and emergency medical services as warranted in the course of my participation in Lynchburg Softball Clinic's sponsored or sanctioned events.
- 2. Readiness to compete: I will only participate in those conditioning or activities in which I believe I am physically and psychologically prepared to participate.

Participant Primary Medical Insurance Carrier: \_\_\_\_\_ Policy # \_\_\_\_\_

Signature of Participant \_\_\_\_\_

**A PHOTOCOPY OF ALL PERTINENT SIDES OF THE CAMPER'S HEALTH INSURANCE CARD MUST BE INCLUDED**

FOR ANY PARTICIPANT WHO IS NOT YET 18 YEARS OF AGE: As a legal guardian of this participant, I hereby verify by my signature below that I have read and fully understand each of the above conditions for permitting my child to participate Lynchburg Softball Camp, and I accept each of the above conditions.

Signature of Guardian \_\_\_\_\_

Printed Name \_\_\_\_\_

Date \_\_\_\_\_

Emergency Contact Information:

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

Phone Number: \_\_\_\_\_

Date of Last Tetanus Immunization: \_\_\_\_\_

Medical Conditions Currently Under Treatment: NO/YES \_\_\_\_\_

Preexisting Injury Currently Under Treatment: NO/YES \_\_\_\_\_

Allergies: NO/YES \_\_\_\_\_

Contact Lenses or Glasses: NO/YES \_\_\_\_\_

Medication (s) required to be taken during camp: \_\_\_\_\_