

Three ways to register: \$225 per player

1. Print form at www.jasonthompsonbaseball.com and mail in
2. Call 248-853-BALL with Visa/MasterCard
3. Complete this form, write check out to Jason Thompson Baseball and mail to:
Jason Thompson Baseball, 2740 Auburn Rd., Auburn Hills, MI 48326



Player's Name: _____

Sex: ____ Birth Date: ____ / ____ / ____ Height: ____ Weight: ____

Address: _____ City: _____ State: ____ Zip: _____

Home Phone: _____ Work Phone: _____ Email: _____

T-shirt size (circle one) Youth S M L XL Adult S M L XL XXL

Emergency Contact: (please print name) _____ Phone: _____

Health/Medical Information: (if player should be restricted from any activity, please note)

Please identify and medical or physical conditions or history that would require special attention:

PAYMENT INFORMATION: Method of payment (check one) Visa ____ MasterCard ____ Personal Check ____

If applicable, Credit Card # _____ Expiration ____/____ 3-digit code on back _____

Name as it appears on the card (please print) _____ Total Charged _____

Authorizing signature _____ Date: ____/____/____

OPTIONAL REFUND POLICY: Our "peace of mind" policy. Life sometimes throws us curves we don't expect. To field those curves, Jason Thompson Baseball offers our camp families refund insurance for a nominal fee of \$25. Due at the time of registration, refund insurance entitles you to a full refund of camp fees should you cancel your camp registration more than 7 days prior to the start of your session. If you cancel within 7 days of your registered session, we will give you a camp credit for all monies paid, valid for 3 years of the camp date. Credit with insurance is transferable to family members and good toward all Jason Thompson Baseball camps.

CONSENT AND WAIVER: The Undersigned hereby authorizes directors, coaches, staff and associates of Jason Thompson Baseball, Inc. to provide baseball instruction to my son/daughter. I certify that my child is physically able to participate in this camp. The Undersigned understands that Jason Thompson Baseball, Inc., its directors, coaches, staff and associates will not administer physical examinations and will rely solely upon the information shown on this form.

The Undersigned further understands and acknowledges that each participant will be engaging in activities that involve risk of serious injury including permanent disability and death and that severe social and economic losses may result not only from his or her own actions, inactions, or negligence, but from the actions, inactions, or negligence of others, as well as the rules of play, the condition of the premises or from any equipment used. The Undersigned knowingly and voluntarily assumes all such risk of injury and hereby voluntarily forever releases, holds harmless, discharges, waives and relinquishes any and all actions, causes of actions, or claims for personal injury or wrongful death occurring to his/her son/daughter, against Jason Thompson Baseball, Inc., its directors, coaches, staff, associates, affiliates, sponsors, and, if applicable, owners and lesser/lessees of the premises used to conduct the camp, arising out of his/her use of equipment and facilities or instruction.

The Undersigned authorizes Jason Thompson Baseball, Inc., its directors, coaches, staff and associates to act on my behalf according to their best judgment in any emergency requiring medical attention and gives permission for the named player to receive emergency medical treatment or hospitalization if necessary. Further, the Undersigned agrees to be financially responsible for any medical attention needed during the camp or resulting from an injury received at the camp. The Undersigned's medical insurance shall be the insurance coverage for any medical treatment.

Parent or Legal Guardian: (print name and sign): _____

Signature: _____ Date: ____/____/____