



2017 Summer Baseball Camp @ SC

Ages 7 – 12, Age as of 5/1/17

www.southcherokeebaseball.com

June 12 - 16, 2017

July 17 - 21, 2017

8:30 AM – 12:30 PM

\$140 Weekly

*** SIBLING DISCOUNT (\$40) ***

*** Extended Hour Available ***

8 – 8:30 AM and 12:30 – 1 PM

\$40 Weekly

*** Includes Kickball & Wiffle Ball Games ***

Hitting, Fielding, Throwing, Baserunning, Pitching, & Catching

Daily Drills, Stations, Situational Play, Contests, and Scrimmages

Skill Development

Daily & Weekly Prizes; PLUS Every Camper Gets A Camp Shirt

POSITIVE Interactions & Experiences

Daily Snack & Gatorade Provided

Adult Supervision, Safe Facilities, & FUN!

Instruction Provided By:

Current & Former College & High School Players & Coaches

Pre-Registration Required

Camper Name: DOB:

Age As of 5/1/17:

Parent / Guardian Name:

Email: Phone:

Please Circle

June 12 – 16, 2017

8:30 AM – 12:30 PM (\$140) * SIBLING DISCOUNT (\$40) *

8 AM – 1 PM (\$175)

July 17 – 21, 2017

8:30 AM – 12:30 PM (\$140) * SIBLING DISCOUNT (\$40) *

8 AM – 1 PM (\$175)

Mail Check (Made Payable To Full Count) & Signed (2x) Form To:
Gerry Schmidt, 103 Woodview Court, Woodstock, GA 30188

Waiver/Release

Full Count / Gerry Schmidt

I understand that, in sports training, there is always a risk of permanent or partial injury and / or disability. I hereby waive and release Full Count, Gerry Schmidt, camp sponsors, instructors, and all participants directing their programs, from any liability for injuries the participant might incur while participating in these programs, or traveling to or from the facility or training sessions.

I certify by signature below, that I know of no mental or physical problems which might affect the participant's ability to safely participate in the programs offered by Full Count / Gerry Schmidt. I further agree to be solely responsible for any medical or related expenses arising from the participant's participation and / or attendance in the programs offered by Full Count / Gerry Schmidt. I hereby authorize the instructors and / or management of Full Count to act for me, in my absence, according to their best judgement, in any emergency requiring medical attention.

I understand and agree that Full Count / Gerry Schmidt, camp directors, instructors, or employees, will not be held responsible for the loss of any personal property sustained during the participant's attendance at any of its training programs or facility.

Sign & Date:

South Cherokee Recreation Association

1. I, as the parent/guardian/caretaker of knowingly and freely assume all such risks, both known and unknown, and assume full responsibility for my child's participation in the programs provided by the South Cherokee Recreation Association.
2. I, for myself, my spouse, my child and on behalf of our heirs, assigns, personal representative and next of kin, hereby indemnify and hold harmless the South Cherokee Recreation Association; its directors, officers, officials, agents, employees, volunteers, other participants and sponsors with respect to any and all injury, disability, death, loss or damage to person or property incident to my child's involvement or participation in any of the offered youth sports programs, even if arising from their negligence or otherwise, to the fullest extent permitted by law.
3. I understand the seriousness of the risks involved in participating in the programs offered by the South Cherokee Recreation Association, and my personal responsibilities for adhering to rules and regulation, and accept them as a participant.
4. I willingly agree to comply with the South Cherokee Recreation Association's stated and customary terms and conditions for participation.

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.

Sign & Date: