

# BRANDON CRAWFORD BASEBALL CAMP

## REGISTRATION FORM

Please indicate which session you will be attending (check one):

BAY AREA CAMP  
November 16<sup>th</sup> – 17<sup>th</sup>, 2019  
9:00am – 1:00pm

NOV. 16<sup>th</sup> ONLY

NOV. 17<sup>th</sup> ONLY

BOTH DAYS

Participant's Full Name: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Grade: \_\_\_\_\_ Gender: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Parent/Legal Guardian Name: \_\_\_\_\_

Parent/Legal Guardian Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

Special Needs/Health Concerns/Food Allergies: \_\_\_\_\_

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## RELEASE OF LIABILITY AND WAIVER FORM

I verify that my child, \_\_\_\_\_, has been checked by a licensed physician and is physically able to participate in the Brandon Crawford Baseball Camp. I agree to allow my child to be treated by a physician while participating and if necessary, assume all costs related to such treatment. I authorize the disclosure of medical information to my insurance for the purpose of claim. By signing this form, I acknowledge that I am aware of the potential risks of participating in this activity (Brandon Crawford Baseball Camp), and agree in no way to hold management, agents or volunteers of the Brandon Crawford Baseball Camp liable for any injury that I or my children may sustain. I have read and understand the above statement.

Parent/Legal Guardian Name: \_\_\_\_\_

Parent/Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# PHOTOGRAPH AND VIDEO RELEASE FORM

I hereby grant permission to the rights of my image, likeness, and sound of my voice as recorded on audio or videotape. Without payment or any other consideration. I understand that my image may be edited, copied, exhibited, published or distributed and waive the right to inspect or approve the finished product wherein my likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of my image or recording. I also understand that this material may be used in diverse commercial settings within an unrestricted geographic area.

Photographic, audio, or video recordings may be used for the following purposes:

- Commercial presentations
- Online Music Video Platforms (YouTube, Vimeo, etc.)
- Social Media Platforms (Instagram, Twitter, etc.)
- Television or Broadcast Media Distribution

I understand this permission signifies that photographic or video recordings of me may be electronically displayed via the Internet or in the public business settings. I will be consulted about the use of the photographs or video recording for any purpose other than those listed above. There is no time limit on the validity of this release nor is there any geographic limitation on where these materials may be distributed. This release applies to photographic, audio or video recordings collected as part of the sessions listed on this document only.

By signing this form, I acknowledge that I have completely read and fully understand the above release and agree to be bound thereby. I hereby release all claims against any person or organization utilizing this material for entertainment purposes.

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

Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_

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

If this release is obtained from a participant under the age of 18, then the signature of that participant's parent or legal guardian is also required.

Parent/Legal Guardian Name: \_\_\_\_\_

Parent/Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_