

# Mike McLeod Capital City Baseball School Registration Form

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## Session (check all that apply)

\_\_\_\_ Session 1 (June 11-15) \_\_\_\_ Session 2 (June 18-22)

\_\_\_\_ Session 3 (June 25-29) \_\_\_\_ Session 4 (July 9 - July 13)

## Participant Information

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

Age \_\_\_\_\_ DOB \_\_\_\_\_ T-shirt size \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

## Parent/Guardian Information

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Mother/Guardian Name \_\_\_\_\_ Home Phone \_\_\_\_\_

**Signature is required** (A parent or guardian must sign this form for a minor under the age of 18)

Father/Guardian Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Participant's Name \_\_\_\_\_

Parent/Guardian's Name \_\_\_\_\_

Relation to Participant \_\_\_\_\_

Parent/Guardian's Signature \_\_\_\_\_

Date \_\_\_\_\_

Send the completed registration packet, in its entirety, to:

Tallahassee Community College  
ATTN: Mike McLeod, Baseball  
444 Appleyard Drive  
Tallahassee, FL 32304

**Mike McLeod Capital City Baseball School  
Medical Clearance Waiver**

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**Participant Information**

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

Age \_\_\_\_\_ DOB \_\_\_\_\_ Sex (circle one): M    F

Height \_\_\_\_\_ ft \_\_\_\_\_ in    Weight \_\_\_\_\_

**Medical & Insurance Information**

Physician's Name \_\_\_\_\_

Phone \_\_\_\_\_

Health Insurance Provider \_\_\_\_\_

Group No. \_\_\_\_\_ Policy No. \_\_\_\_\_

*Front and back copy of insurance card should be included at time of check-in*

**Medical History (if pertinent)**

Allergies, present medication, special considerations and/or needs \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Previous injuries, surgeries, etc. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Parent/Guardian Acknowledgement**

\_\_\_\_\_ I hereby certify that I have disclosed all past and present medical conditions, illnesses and  
Parent or problems pertaining to my child's health and will keep the Mike McLeod Capital City Baseball  
guardian School ("Coach's Camp") informed, in writing, of any changes in my child's health status.  
initial

\_\_\_\_\_ I understand that physical exercise is required for the Coach's Camp and acknowledge that my  
Parent or child is currently not suffering from any physical and/or mental disability which would preclude  
guardian him/her from participation in the Coach's Camp, that would endanger him/her or others or would  
initial interfere with his/her ability to safely participate. I acknowledge and agree that it is the  
responsibility of me and my child to determine whether he/she is sufficiently fit and healthy to  
safely participate in the Coach's Camp, and I attest and certify that he/she is sufficiently fit and  
physically trained.

## Medical Treatment Provision

\_\_\_\_\_  
Parent or guardian initial I grant permission, on behalf of my child, for the Coach's Camp and its employees, agents, representatives, officers, trustees, directors, or others acting on behalf of the Coach's Camp to provide my child with emergency medical services treatment while participating in the Coach's Camp. I understand that the Coach's Camp staff is not trained on medical care. I voluntarily consent and authorize the Coach's Camp, in the event of an accident, illness or injury, to take whatever measures and actions necessary. I understand that such measures and actions may include placement in a hospital or another medical facility for services and treatment, and/or transport by ambulance to the hospital.

I understand that the cost of any medical care deemed necessary for the treatment of any emergency illness, injury or accident occurring while my child is attending the Coach's Camp is my sole responsibility. I further understand that the Coach's Camp and its employees, agents, representatives, officers, trustees, directors, or others acting on behalf of the Coach's Camp shall not be obligated to pay for such medical care.

## Emergency Medical Contact Information

### Primary Contact

\_\_\_\_\_  
Name

\_\_\_\_\_  
Preferred Phone Number

Relation to participant \_\_\_\_\_

### Alternate Contact

\_\_\_\_\_  
Name

\_\_\_\_\_  
Preferred Phone Number

Relation to participant \_\_\_\_\_

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**Signature is required** *(A parent or guardian must sign this form for a minor under the age of 18)*

\_\_\_\_\_  
Participant's Name

\_\_\_\_\_  
Parent/Guardian's Name

\_\_\_\_\_  
Relation to Participant

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Date

**Mike McLeod Capital City Baseball School**  
**General Waiver, Release of Liability and Assumption of Risks Agreement**

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

On behalf of my child ("child"), and in consideration of being accepted into and permitted to participate in the Mike McLeod Capital City Baseball School ("Coach's Camp"), I voluntarily and knowingly execute this General Waiver, Release of Liability and Assumption of Risks Agreement with the express intention of extinguishing the rights and obligations explained below.

*NOTE: Please initial each section you agree to*

\_\_\_\_\_ I understand that the Coach's Camp is operated as a business enterprise and is not owned, sponsored, or operated by Tallahassee Community College.

\_\_\_\_\_ As a representative of the child, I willingly and voluntarily assume all risks for claims, known or unknown, involved in the child's participation in the Coach's Camp, including, but not limited to, the child's use of the facilities and equipment, participation in physical activities, or any other camp risks.

I hereby expressly agree that this General Waiver, Release of Liability and Assumption of Risks Agreement is intended to be as broad and inclusive as permitted by the laws of Florida and that if any portion is held invalid, it is agreed that the balance of the General Waiver, Release of Liability and Assumption of Risks Agreement shall continue in full legal force and effect.

\_\_\_\_\_ I am aware that the Coach's Camp involves competition and sometimes physical contact with and against other participants and that there are inherent dangers and risk of injury involved with such activities. The dangers, hazards and risks may arise from my child's own actions, inactions, or negligence as well as from the actions, inactions or negligence of others, or the condition of the premises. I also acknowledge and understand that there may be other dangers, hazards or risks not presently known or reasonably foreseeable. Participation in the Coach's Camp includes travel to and from the camp. Therefore, I, for myself and on behalf of my child, voluntarily accept and assume all risk of injury, loss of life or damage to property arising out of training, preparing, participating and traveling to or from the Coach's Camp.

\_\_\_\_\_ I authorize the Coach's Camp and/or Tallahassee Community College to use, without limitation or obligation, any or all photographs, video and audio recordings ("materials") of my child for publicity purposes, including publications, print promotions, radio and television, Web site and social media.

The Coach's Camp and Tallahassee Community College agree that these materials will not be used for profit, and will only be used for promoting the Coach's Camp.

\_\_\_\_\_ I hereby, for myself and for my family, spouse, heirs, assigns and personal representative, now and forever waive, release, and discharge the Coach's Camp, its employees, agents, representatives, officers, trustees, directors, or others acting on behalf of the Coach's Camp, and Tallahassee Community College (the "Released Parties"), from and against any liability, claim, demand, action, judgment and cause of action whatsoever, in conjunction with, or arising out of, directly or indirectly, any and all matters relating to the Coach's Camp, including any alleged acts of negligence by the Released Parties. This includes, but is not limited to, any liability, claim, demand, action, judgment and cause of action related to any loss, damage or injury, including death, that the child may sustain, whether caused by the alleged negligence of the Released Parties or otherwise, while upon Tallahassee Community College's premises or participating facilities.

\_\_\_\_\_ I further agree to defend, hold harmless and indemnify the Released Parties from any liability, claim, demand, action, judgment and cause of action whatsoever, arising out of, directly or indirectly, any and all matters relating the Coach's Camp.

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**Signature is required** *(A parent or guardian must sign this form for a minor under the age of 18)*

\_\_\_\_\_  
Participant's Name

\_\_\_\_\_  
Parent/Guardian's Name

\_\_\_\_\_  
Relation to Participant

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Date

# Mike McLeod Capital City Baseball School

## Authorized Pick-Up Form

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

Please write the names of each person authorized to pick up your child. Your child will only be released to persons on this list. The person picking up your child must be prepared to show photo identification.

If I am unable to pick up my child, I give permission for the following persons to do so:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Preferred Phone Number

\_\_\_\_\_  
Relation to participant

\_\_\_\_\_  
Name

\_\_\_\_\_  
Preferred Phone Number

\_\_\_\_\_  
Relation to participant

\_\_\_\_\_  
Name

\_\_\_\_\_  
Preferred Phone Number

\_\_\_\_\_  
Relation to participant

\_\_\_\_\_  
Name

\_\_\_\_\_  
Preferred Phone Number

\_\_\_\_\_  
Relation to participant

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**Signature is required** *(A parent or guardian must sign this form for a minor under the age of 18)*

\_\_\_\_\_  
Participant's Name

\_\_\_\_\_  
Parent/Guardian's Name

\_\_\_\_\_  
Relation to Participant

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Date