## GROVES BASEBALL BOOSTERS 2019 FALCON WINTER WORKOUTS

Baseball Training @ 2SP
29235 Stephenson Hwy, Madison Heights, MI 48071

**Sundays** 

12:00pm - 1:30pm

9 Weeks January 6<sup>th</sup> – March 10<sup>th</sup>

(No workout on Feb 17th)

2SP Trainers / Instructors

The Falcon Winter Workout program is managed by the Groves Baseball Boosters as a fundraising activity for the Groves Baseball Program. Participation is <u>NOT</u> a guarantee or a requirement to be selected for any Birmingham Groves H.S. regular season Baseball team.

- Register via the attached form and email to: <u>onfire23@comcast.net</u>
- Players should bring bat and glove and turf/tennis shoes to all sessions
- Payment Due December 19th, 2018
- \$150 / player Checks payable to "GROVES BASEBALL BOOSTERS"
- Send payment and registration form to:

Falcon Baseball Boosters 24900 N. Cromwell Drive Franklin, MI 48025

DO NOT SEND CASH



## Groves Baseball Boosters

ATHLETE INFORMATION SHEET						
	ATHI ETE INI	FORMATION				
Last Name	First Name				MI	
Address		City		State	Zip	
Home Phone		Family Email Ad	dress		1	
Athlete's Cell Phone		Athlete's Email	Address			
School		Sport		Position		
Birthdate		Age		Graduatio	n Year	
Father's Contact Informati	on		Mother's Cont	act Inforr	mation	
Name ( Last, First)		Name ( Last, Fir				
Address (If different from above)		Address (If different from above)				
Email		Email				
Work Phone		Work Phone				
Cell Phone		Cell Phone				
Additional Information			Agreeme	nt/Waive	er	
Any special health and physical considerations	:	I assume all risks and hazards incidental to such participation, including risk of serious injury, and do hereby release and waive all claims against Strictly 2SP LLC, it's officers, directors, coaches, sponsors and volunteers and other participants. I further grant permission for emergency first aid to be given to my child in case of injury. I certify that the above information is correct and been thoroughly read.				
2. Is the athlete training or practicing anywhere ewhen/where?	else? If so,					
3. Would you like to be added to our email list to receive events and updates?		I agree to the above paragraph and certify that all information is filled in correctly on this form.				
4. How did you hear about 2SP?			Signature of Pa	rent or Gua	ırdian	
			Da	ate		

2SP SPORTS PERFORMANCE 29235 Stephenson Highway, Madison Heights, MI 48071 248.397.8945 contactus@2spsports.com

www.2spsports.com



## Release, Waiver of Liability, and Covenant Not To Sue

The undersigned hereby acknowledges that participation in athletic training programs that involves an inherent risk of physical injury and assumes all such risks. The undersigned hereby agrees that for the sole consideration of Strictly 2SP, LLC allowing the undersigned to participate in voluntary programs or athletic activities in connection there with, and making available to the undersigned for his use while participation in such programs or activities, certain equipment, facilities, grounds, or personnel of Strictly 2SP, LLC, the undersigned participant does hereby waive liability, release and forever discharge Strictly 2SP, LLC, its members individually, its officers, agents, or employees from any and all demands, rights, and causes of action of whatever kind or nature arising out of all known and unknown, foreseen and unforeseen bodily and personal injuries, damage to property, and consequences thereof, including death, resulting from my voluntary participation in or in any way connected with such programs and athletic activities.

I further covenant and agree that for the sole consideration stated above I will not sue Strictly 2SP, LLC, its members individually, its officers, agents, or employees for any claim for damages arising or growing out of my voluntary participation in programs or athletic activities.

I understand that the acceptance of this Release, Waiver of Liability, and Covenant Not To Sue Strictly 2SP, LLC directly or any agent or employee thereof, shall not constitute a waiver, in whole or in part, of sovereign or official immunity by said board, its members, officers, agents, and employees.

I certify that I am \_\_\_\_\_ years of age and suffering under no legal disabilities and that I have read the above carefully before signing.

If one of these paragraphs is deemed void by the court it will not affect the validity of any other paragraph.

Print Name (Athlete):		
Date:		
Signature of Athlete, (Parent or Guardian if under 18)	5-	4
Print Name:		