

Athlete's Favorite Jersey #'s

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_



Athlete's Playing Positions

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

# 2017 - 2018 Registration Form

Graduation Year

Athlete's Name (First&amp;Last) \_\_\_\_\_

Age: \_\_\_\_\_ D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_ Contact # \_\_\_\_\_ School Grade for 2017-2018 \_\_\_\_\_

Athlete Throws: R or L Athlete Bats: R or L Athlete's height: \_\_\_\_\_ Athlete's Weight: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Athlete's tentative High School: \_\_\_\_\_

## Parent/Guardian's Information

Name (First&amp;Last) \_\_\_\_\_ Relationship to child \_\_\_\_\_

Cell# \_\_\_\_\_ Work # \_\_\_\_\_ Email Address \_\_\_\_\_

Drivers License # \_\_\_\_\_ State \_\_\_\_\_ Expiration \_\_\_\_/\_\_\_\_/\_\_\_\_ D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_

## Parent/Guardian's Information

Name (First&amp;Last) \_\_\_\_\_ Relationship to child \_\_\_\_\_

Cell# \_\_\_\_\_ Work # \_\_\_\_\_ Email Address \_\_\_\_\_

Drivers License # \_\_\_\_\_ State \_\_\_\_\_ Expiration \_\_\_\_/\_\_\_\_/\_\_\_\_ D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_

Health Insurance Provider \_\_\_\_\_ Policy # \_\_\_\_\_

## RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT ("AGREEMENT")

In consideration of participating in Triple Play or the West Florida Baseball Academy I represent that I understand the nature of this Activity and that I am qualified, in good health, and in proper physical condition to participate in such Activity. I acknowledge that if I believe event conditions are unsafe, I will immediately discontinue participation in the activity. I fully understand that this Activity involves risks of serious bodily injury, including permanent disability, paralysis and death, which may be caused by my own actions, or inactions, those of others participating in the event, the conditions in which the event takes place, or the negligence of the "releasees" named below; and that there may be other risks either not known to me or not readily foreseeable at this time; and I fully accept and assume all such risks and all responsibility for losses, cost, and damages I incur as a result of my participation in the Activity. I hereby release, discharge, and covenant not to sue Triple Play or the West Florida Baseball Academy, its respective administrators, directors, agents, officers, volunteers, and employees, other participants, any sponsors, advertisers, and, if applicable, owners and lessors of premises on which the Activity takes place, (each considered one of the "RELEASEES" herein) from all liability, claims, demands, losses, or damages, on my account caused or alleged to be caused in whole or in part by the negligence of the "releasees" or otherwise, including negligent rescue operations and future agree that if, despite this release, waiver of liability, and assumption of risk I, or anyone on my behalf, makes a claim against any of the Releasees, I will indemnify, save, and hold harmless each of the Releasees from any loss, liability, damage, or cost, which any may incur as the result of such claim. I have read the RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT, understand that I have given up substantial rights by signing it and have signed it freely and without any inducement or assurance of any nature and intend it to be a complete and unconditional release of all liability to the greatest extent allowed by law and agree that if any portion of this agreement is held to be invalid the balance, notwithstanding, shall continue in full force and effect. I understand that Triple Play or the West Florida Baseball Academy produces promotional material about their programs. I understand that my child may be included in video tape or photography taken during participation at Triple Play or the West Florida Baseball Academy. I hereby grant Triple Play or the West Florida Baseball Academy, its successors, licensees, assignees, sponsors, any television networks, and all other commercial exhibitors the exclusive right to photograph and or video tape my child and further utilize my child's name, face, likeness, voice, and appearance part of the event and in advertising and promotions of the event, without reservation or limitation. In granting this license, I understand that Triple Play or the West Florida Baseball Academy is under no obligation to exercise any of its rights, licenses and privileges herein granted.

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

Printed name of participant

## PARENTAL CONSENT

AND I, the minor's parent and/or legal guardian, understand the nature of the above referenced activities and the Minor's experience and capabilities and believe the minor to be qualified to participate in such activity. I hereby Release, discharge, covenant not to sue and AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS each of the Triple Play or the West Florida Baseball Academy from all liability, claims, demands, losses or damages on the minor's account caused or alleged to have been caused in whole or in part by the negligence of the Triple Play or the West Florida Baseball Academy or otherwise, including negligent rescue operations, and further agree that if, despite this release, I, the minor, or anyone on the minor's behalf makes a claim against any of the above Triple Play or the West Florida Baseball Academy, I WILL INDEMNIFY, SAVE AND HOLD HARMLESS each of the Triple Play or the West Florida Baseball Academy from any litigation expenses, attorney fees, loss liability, damage, or cost any Triple Play or the West Florida Baseball Academy may incur as the result of any such claim.

Printed name of Parent/or Legal Guardian

Signature of Parent/or Legal Guardian

Date

Date Athlete was fitted: \_\_\_\_\_



**OFFICE USE ONLY**

**Mark the date items  
were received**

## Uniform Sizes

Jerseys ☐ YXS ☐ YS ☐ YM ☐ YL ☐ YXL ☐ AS ☐ AM ☐ AL ☐ AXL \_\_\_\_\_  
Pants ☐ YXS ☐ YS ☐ YM ☐ YL ☐ YXL ☐ AS ☐ AM ☐ AL ☐ AXL \_\_\_\_\_  
Hat ☐ Youth ☐ AS ☐ AL/AXL \_\_\_\_\_  
Helmet ☐ JR ☐ SR \_\_\_\_\_

## Practice Wear Sizes

Shirt ☐ YXS ☐ YS ☐ YM ☐ YL ☐ YXL ☐ AS ☐ AM ☐ AL ☐ AXL \_\_\_\_\_  
Shorts ☐ YXS ☐ YS ☐ YM ☐ YL ☐ YXL ☐ AS ☐ AM ☐ AL ☐ AXL \_\_\_\_\_

## Financial

### Agreement/Commitment

I have read the Tuition/Fee Information and fully understand my commitment to the West Florida Baseball Academy understand that my commitment is for the 2017-2018 competitive season. I understand that I am giving my credit card/debit card information and that information will be used if I do not meet payment deadlines to West Florida Baseball Academy. I also understand that I will forfeit any monies paid if I choose to leave a team or am asked to leave the program and that there are no refunds when leaving the team or for any pre-paid monies on my athlete's account, including fundraising money. If I choose to leave the team, there may be additional fees due. If my athlete quits after February 15, 2018 there is a \$200 withdrawal fee. I understand that I am entering into this program of my own free will.

**\* Please select your season of commitment \***

#### ☐ Fall Season

Commitment: (Sept. 2017-Nov.2017)

#### ☐ Spring Season

Commitment: (Jan.2018-July2018)

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

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

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

## Payment Information

Name as it appears on the card: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Card Type: Visa MasterCard Discover

Credit Card Number: \_\_\_\_\_

Exp. Date: \_\_\_\_/\_\_\_\_ CVV: \_\_\_\_\_

Card Holder's Signature: \_\_\_\_\_

Athlete's Name: \_\_\_\_\_

\_\_\_\_\_( initial here) Please charge my Card on the 1st of Every Month as auto-pay

**EVERYONE** is required to submit credit card/debit card information to have on file. *It is your responsibility to inform the front desk of any changes to this card.*

Monthly Tuition: Monthly fees are billed to your West Florida Baseball Academy on the 1st of every month. Payment is expected on or before the 1st of each month, after the 1st there will be a \$20 late fee added to your account., Your payment is due by the 1st of the month Your credit card will be charged for any outstanding balance and late fee on the 2nd of the month.

Tournament Fees: Tournament fees will be charged 14 days in advance. In the event that a tournament does not make, your tournament fee will not be refunded; instead, the fees paid will be applied to the following tournament .