

Athlete's Favorite Jersey #'s

1. _____
2. _____
3. _____



Athlete's Playing Positions

1. _____
2. _____
3. _____
4. _____

2016 - 2017 Registration Form

Graduation Year

Athlete's Name (First&Last) _____

Age: _____ D.O.B. ____/____/____ Contact # _____ School Grade for 2016-2017 _____

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&Last) _____ Relationship to child _____

Cell# _____ Work # _____ Email Address _____

Drivers License # _____ State _____ Expiration ____/____/____ D.O.B. ____/____/____

Parent/Guardian's Information

Name (First&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	<input type="checkbox"/> YXS	<input type="checkbox"/> YS	<input type="checkbox"/> YM	<input type="checkbox"/> YL	<input type="checkbox"/> YXL	<input type="checkbox"/> AS	<input type="checkbox"/> AM	<input type="checkbox"/> AL	<input type="checkbox"/> AXL	_____	
Pants	<input type="checkbox"/> YXS	<input type="checkbox"/> YS	<input type="checkbox"/> YM	<input type="checkbox"/> YL	<input type="checkbox"/> YXL	<input type="checkbox"/> AS	<input type="checkbox"/> AM	<input type="checkbox"/> AL	<input type="checkbox"/> AXL	_____	
Hat	<input type="checkbox"/> Youth	<input type="checkbox"/> AS	<input type="checkbox"/> AL/AXL								_____
Helmet	<input type="checkbox"/> JR	<input type="checkbox"/> SR								_____	

Practice Wear Sizes

Shirt	<input type="checkbox"/> YXS	<input type="checkbox"/> YS	<input type="checkbox"/> YM	<input type="checkbox"/> YL	_____
Shorts	<input type="checkbox"/> YXS	<input type="checkbox"/> YS	<input type="checkbox"/> YM	<input type="checkbox"/> YL	_____

Please list your athlete's playing experience (team name/year played with that team/ rec or travel team)

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 2016-2017 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, 2017 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. 2016-Nov.2016)

☐ Spring Season

Commitment: (Jan.2017-July2017)

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 .

Class: _____ Class: _____

Fall Tuition

Month	Date Paid	Payment Type
August		
September		
October		
November		
December		

Spring Tuition

Month	Date Paid	Payment Type
January		
February		
March		
April		
May		
June		
July		

Tournaments

[illegible]

Miscellaneous Items

[illegible]

Classes

[illegible]