



2017 Camp Application

Fill out and send with check or money order to:

Grand Slam Camps
PO Box 1446
Enumclaw, WA 98022

Questions?
Call, Text, or Voicemail (360)-802-2232
info@marinerscamps.org

Camper Name _____ Age _____ Date of Birth ____ / ____ / ____

Address _____

City _____ State _____ Zip _____

Email _____

Parent/Guardian Names _____

Phone Numbers _____

Two Emergency Contacts _____

Phone Numbers (at least 2) _____

Other info we should know: _____

How did you find out about us? _____

BASEBALL CAMPS – check website for exact location: www.marinerscamps.org

1 Step One - Select Camp Location / Date

- | | | | |
|---|---|---|--|
| <input type="checkbox"/> Lacey, June 26-29 | <input type="checkbox"/> Sumner, July 10-13 | <input type="checkbox"/> Puyallup, July 24-27 | <input type="checkbox"/> Tacoma, July 31-Aug 3 |
| <input type="checkbox"/> Bainbridge, June 26-29 | <input type="checkbox"/> Kent, July 17-20 | <input type="checkbox"/> Everett, July 24-27 | <input type="checkbox"/> Bellevue, August 7-10 |
| <input type="checkbox"/> Bremerton, July 10-13 | <input type="checkbox"/> Gig Harbor, July 17-20 | <input type="checkbox"/> Seattle, July 31-Aug 3 | |

**Camps also in: Sumner & Bainbridge (sign up through respective parks depts.)

2 Step Two – Select Session Type (check only one)

- | | | | | | |
|---|------------------------------------|------------------|------------------|------------------------|--------------|
| <input type="checkbox"/> Complete Camp – AM ONLY | Ages 7-12 (*age 6 with experience) | 9:00AM – 12:30PM | M Tu W Th | \$135 | Go to Step 4 |
| <input type="checkbox"/> Skills Camp – PM ONLY | Ages 9-14 (*age 8 with experience) | 1:30PM – 4:00PM | M Tu W Th | \$135 | Go to Step 3 |
| <input type="checkbox"/> Complete + Skills Bundle | Ages 9-12 (*age 8 with experience) | 9:00AM – 4:00PM | M Tu W Th | \$270 \$260 | Go to Step 3 |

3 Step Three – If selecting Skills or Bundle in Step 2, Check one defensive skill below

- Pitcher Infield Catcher

includes an additional hour each day of lunch supervision

SOFTBALL CAMPS – check website for exact location: www.marinerscamps.org

1 Step One - Select Camp Location / Date

- | | | | |
|---|---|---|--|
| <input type="checkbox"/> Lacey, June 26-29 | <input type="checkbox"/> Kent, July 17-20 | <input type="checkbox"/> Everett, July 24-27 | <input type="checkbox"/> Bellevue, August 7-10 |
| <input type="checkbox"/> Sumner, July 10-13 | <input type="checkbox"/> Puyallup, July 24-27 | <input type="checkbox"/> Seattle, July 31-Aug 3 | |

2 Step Two – Select Session Type (check only one)

- | | | | | | |
|---|------------------------------------|------------------|------------------|------------------------|--------------|
| <input type="checkbox"/> Complete Camp – AM ONLY | Ages 7-12 (*age 6 with experience) | 9:00AM – 12:30PM | M Tu W Th | \$135 | Go to Step 4 |
| <input type="checkbox"/> Skills Camp – PM ONLY | Ages 9-14 (*age 8 with experience) | 1:30PM – 4:00PM | M Tu W Th | \$135 | Go to Step 3 |
| <input type="checkbox"/> Complete + Skills Bundle | Ages 9-12 (*age 8 with experience) | 9:00AM – 4:00PM | M Tu W Th | \$270 \$260 | Go to Step 3 |

3 Step Three – If selecting Skills or Bundle above in Step 2, Check one defensive skill below

- Pitcher Infield Catcher

includes an additional hour each day of lunch supervision

4 WAIVER PHOTO RELEASE: Please carefully review the following information (CONTINUES ON PAGE 2) and, if you still wish for your child to participate in the Grand Slam Camps and related activities (“Camp”) after reading all this information (CONTINUES ON PAGE 2) please sign below to indicate your agreement to all information CONTINUED ON ON PAGE 2.

Parent Guardian Signature _____ Date _____

Participant Child Athlete Signature _____ Age _____ Date _____

Step Four
Sign & Date:

5 Step Five

Mail checks/m. order payable in full to:



Mariners Grand Slam Camps
PO Box 1446
Enumclaw, WA 98022

www.marinerscamps.org

Camp Fees:

Complete AM only	\$135
Skills PM only	\$135
Bundle AM + PM	\$260

Discounts:

Sibling also attending	subtract \$5.00
Military family	subtract \$5.00
Returning Camper	subtract \$5.00

Total Enclosed:

Yes, can combine these discounts!

WAIVER/RELEASE CONTINUED FROM FRONT OF THIS SHEET-

Please carefully review the following information and, if you still wish for your child to participate in the Grand Slam Camp and related activities (“Camp”) after reading this information, please sign below to indicate your agreement.

I hereby certify that I am the adult parent or guardian of the Child listed above. I understand that my Child’s participation in the Camp may challenge and engage his/her physical and mental abilities, and that he/she should not participate in the Camp if he/she has any health conditions affecting his/her ability to participate. I acknowledge that participation in the Camp may involve inherent risks, dangers and hazards, including without limitation baseballs, bats, and other objects traveling at high rates of speed, which may occur without warning, or be present due to poor skill level, lack of conditioning, carelessness and other unforeseen or unexpected perils inherent in physical activities. I understand the risk and danger of accidents, physical injury, effects of exercise, and the unpredictable nature of the human body and the activities inherent in the nature of the Camp. I have either visited with my Child’s physician and received doctor’s advice and consent to my Child’s participation in the Camp or have waived such advice, and I accept any and all associated risks on behalf of myself and my Child. I understand that Grand Slam Baseball Camps II, Inc, The Baseball Club of Seattle, LLLP, d/b/a the Seattle Mariners, Major League Baseball, and any related entities are not responsible for me or my Child, including any injury or damage to me, my Child, or property while participating in the Camp. I agree that I will not look to Grand Slam Baseball Camps II, Inc , the Seattle Mariners, Major League Baseball, or any related entities for any claims, injuries, or damages that may occur as a result of my or my Child’s participation. I understand that Grand Slam Baseball Camps II, Inc and/or the Seattle Mariners may take video or still photographs of my Child participating in Camp activities, and I agree that such video and/or photographs may be used for any commercial or promotional purposes.

BASEBALL/SOFTBALL INHERENT RISK, GUIDELINES, AND WAIVER AND RELEASE

Grand Slam Baseball Camps II, Inc., a Washington corporation doing business as Seattle Mariners Grand Slam Camps (the “Camp”) , strives to protect each participant from possible injury while engaging in camp activities. The guidelines and information identified below have been established for this activity in order to protect the participant and others from injury and/or illness. Participants and their parents should recognize that conditioning, nutrition, proper techniques, safety procedures, and well-fitting equipment are important aspects of this training program. Each participant is expected to follow the directions/standards of the Camp Staff and must understand that failure to follow such directions or adhere to standards may place the participant at risk. “Camp Staff” means volunteers, officers, representatives, agents, and employees of the Camp or the Seattle Mariners professional baseball team, including but not limited to coaches, assistant coaches, trainers, and individuals invited by the Camp to participate in Camp activities. **Guidelines are as follows:** 1.Make certain that you wear all equipment that is issued by the Camp Staff. Advise the Camp Staff of any poorly fitted or defective equipment. 2.Advise the Camp Staff if you are ill or have any prolonged symptoms of an illness.3.Advise the Camp Staff if you have been injured.4.Engage in warm-up activities prior to strenuous participation.4.Be alert for any physical hazards in the locker room or in or around the participation area. Advise the Camp Staff of any hazard.5.Recognize your surroundings, i.e., batters warming up, thrown bats, batted or thrown balls, on deck circle (one person at a time).6.Use hard hats while batting, running bases, and hitting in batting cages. 7.Familiarize yourself with surroundings and grounds, i.e., fences, field conditions such as lips on infield edges, etc. 8. Be aware of the potentially serious injuries to your ankles, knees, and legs if you do not follow the correct procedures in base running. Sliding head first into bases should be avoided. 9 Follow instructions regarding communications between players, i.e., talking and calling each other off on “pop flies” and Texas leaguers, etc. The above information has been explained to me and I understand the list of rules and procedures. I also understand the necessity of using the proper techniques while participating in the Camp. Because of the dangers of baseball/softball, I recognize the importance of following the Camp Staff’s instruction regarding techniques, training and other team rules, etc., and to agree to obey such instructions. I have read the above guidelines and warning. I am aware that baseball/softball is a **HIGH RISK SPORT** and that practicing or competing in baseball/softball will be a dangerous and unpredictable activity involving **MANY RISKS OF INJURY**. I understand that the dangers and risks of practicing and competing in baseball/softball include, but are not limited to, death, serious injury to virtually all internal organs, serious injury to virtually all bones, joints, ligaments, muscles, tendons and other aspects of my body, general health and well-being. I understand that the dangers and risks of practicing or competing in baseball/softball may result not only in serious injury, but in a serious impairment of my future abilities to earn a living, to engage in other business, social, and recreational activities and generally to enjoy life. In consideration of the Camp permitting my child/ward to participate in the Camp and to engage in all activities related to the Camp, including, but not limited to practicing or competing in baseball/softball, I hereby assume all the risks normally associated with baseball/softball and agree to hold harmless the Camp, Grand Slam Baseball Camps II, First Avenue Entertainment LLLP, the Seattle Mariners professional baseball team, Major League Baseball, any of its employees, agents, representatives, coaches, and volunteers from any and all actions, causes of actions, debts, claims or demands of every kind and nature whatsoever which may arise from such risks. The terms hereof shall serve as a release for my heirs, estate, executor, administrator, assignees, and for all members of my family. **By signing below, I certify that I have read the above, understand its content, and agree to its terms.**

PHOTO/VIDEO RELEASE FORM

I hereby give permission for images of my child, captured during the Seattle Mariners Grand Slam Camps through video, photo and digital camera, to be used solely for the purposes of Grand Slam Baseball Camps II, Inc.’s promotional material and publications, and waive any rights of compensation or ownership thereto. **By signing below, I certify that I have read the above, understand its content, and agree to its terms.**

Name of Child Athlete Participant (please print): _____ Age: _____

Name of Parent/Guardian (please print): _____

Parent/Guardian’s Signature: _____ Date: _____

Child Athlete Participant’s Signature: _____ Date: _____

By checking this box I acknowledge this child athlete is covered by health insurance (check box)

Name of child athlete’s health insurance company (please print)_____