

SPORTS TRAINING COMPLEX

Camp Registration Form

Name: _____ Age: _____

Address: _____

Email: _____ Phone: _____

Position: (circle all that apply)

Pitcher

Catcher

Infield

Outfield

T-Shirt Size: S M L XL

Payment may be made by check* or credit card:

*all returned checks will be subject to a \$20 returned check fee

Checks made payable to Sports Training Complex and mailed to the address below:

Sports Training Complex
2198 S. Dupont Dr.
Anaheim, CA 92806
Or fax to (714) 939-6500 Attn: Mike Stith

Credit Card Type: Visa Master Card American Express

Credit Card Number: _____

Expiration Date: _____

Amount Charged: _____

Signature: _____

***You will receive a confirmation email when we have confirmed registration.

If you have questions please email info@sportstrainingcomplex.com

Consent to Medical and Release of Liability

I hereby permit my child to participate in the Clinics/Instructional sessions offered by Sports Training Complex and Sports Medicine Institute. By the execution of this release I acknowledge and agree that all requirements, directions, supervision and standards set by the directors of this program shall be established for his/her benefit. The person enrolling for Sports Training Complex/Sports Medicine Institute Clinics, Lessons, or Instructional Sessions, his/her parents or guardians assume all risk of loss of property or injury to the person, including injuries associated with softball/baseball/soccer activities, speed, and/or strength camps. I agree that there are inherent risks associated to sports participation and therefore agree to hold Sports Training Complex and Sports Medicine Institute and its employees harmless and specifically agree not to make any claim against Sports Training Complex and Sports Medicine Institute for any of these injuries which may be considered normal risk associated with participation in sports activity.

I hereby voluntarily assume all risk of injury, of any form, to my child, which may arise out of his/her participation in this program, hereby intending to release Sports Training Complex and Sports Medicine Institute and personnel associated with this program from liability that may result from his/her participation. In addition, I hereby give my permission for emergency medical treatment in the event I cannot be reached.

Parent/Guardian Name _____

Parent/Guardian Signature _____ **Date** _____

Athlete's Name _____ **Age:** _____

Insurance Carrier _____

Policy Number _____

****Release must be sent in with registration form to confirm registration**