



Player Registration Form

First Name: _____

Last Name: _____

Address: _____ City: _____ State: _____

School: _____

Date of Birth : _____

Height: _____ Weight: _____

Positions: _____

Father's/Guardian Name: _____

(Phone): _____ (work): _____

(cell): _____

Mother's/Guardian Name: _____

(Phone): _____ (work): _____

(cell): _____

In case of an emergency, please list two adult contacts other than caregivers: NOTE:
Every effort will be made to notify the parents / guardian, etc. in case of an
emergency.

1) Name: _____

Phone: _____

2) Name: _____

Phone: _____

CONSENT AND WAIVER AGREEMENT:

To be completed by parent/guardian or 18 year old or older student-athlete; please take time to complete the form to ensure the good health and safety of the student-athlete . This form must be signed in **five (5)** places by parent/guardian or 18 year old or older student-athlete.

INSURANCE STATEMENT:

Our son/daughter will comply with the specific insurance regulations of the school district. The student-athlete has health insurance: Yes No

If yes, Family Insurance Co: _____

Contract #_____

In case I cannot be reached, please call at Our Physician's

Name:_____

Address:_____

City/State/Zip: _____

Phone:_____

Hospital:_____

Known Allergies:_____

Known Disabilities:_____

Other Important Medical Information:

SIGNATURES CONSENTING TO CONDITIONS OF PARTICIPATION

STUDENT DISCLOSURE AND ACCEPTANCE OF CONDITIONS TO

PARTICIPATE: This application to participate in athletics is voluntary on my part and the information submitted is truthful to the best of my knowledge.

I have never received money or negotiable certificate for merchandise in any amount, nor any emblematic award or merchandise worth more than twenty-five dollars (\$25.00) for participating in athletic events, nor have I ever under an assumed name.

I understand that I am expected to adhere firmly to all established athletic policies of Texas Heavy Hitters Sports, such as those previously mentioned above as examples but which do not present all the policies to which I am subject.

Signature of STUDENT: _____

Date: _____

CONSENT TO DISCLOSURE: I hereby give my consent for the above student to engage in athletics and for the disclosure to Texas Heavy Hitters Sports of information otherwise protected by FERPA and HIPAA for the purpose of determining eligibility for its athletic programs; and I understand the possibility that serious injury may result from participating in athletic activities. He/She has my permission to accompany the team as a member on its out-of-town trips.

I further understand that my son or daughter will be expected to adhere firmly to all established athletic policies of Texas Heavy Hitters Sports

Signature of PARENT OR GUARDIAN OR 18 YEAR-OLD:

Date:_____

MEDICAL TREATMENT CONSENT: I,

_____, an 18 year-old, or the parent or guardian of _____, recognize that as a result of athletic participation, medical treatment on an emergency basis may be necessary, and further recognize that school personnel may be unable to contact me for my consent for emergency medical care. I do hereby consent in advance to such emergency care, including hospital care, as may be deemed necessary under the then-existing circumstances and to assume the expenses of such care.

Signature of PARENT OR GUARDIAN OR 18 YEAR- OLD:

Date:_____

PARTICIPATION AGREEMENT

As the parent/guardian of the camper listed above I hereby agree to the following as a condition of _____'s participation in Texas Heavy Hitters Sports program and related activities.

I give my permission to Texas Heavy Hitters Sports and other health care providers to provide, seek, obtain, or approve any routine, necessary, or emergency health care during the athletes' involvement in the Texas Heavy Hitters Sports program. I understand that this authorization is given in advance of any specific diagnosis, or treatment or medical care being required and is to serve as specific consent to any and all such diagnosis, treatment or hospital care which may be deemed advisable. I understand my rights under the Health Insurance Portability and Accountability Act (HIPAA) and authorize Texas Heavy Hitters Sports to release information as necessary for managing healthcare.

I attest that a physician has examined the athlete in the past twelve months and he/she was found to be in good health. I attest that currently there is no medical reason for the athlete not to participate in the strenuous physical activities of the sports program.

I acknowledge that participation in this sports program and related activities involves assumed and inherent risk of personal injury. I assume such risk on behalf of the athlete and give my permission to the athlete to participate in all of the sports program activities. I release and agree to hold harmless First Colony Baseball Complex, Texas Heavy Hitters Sports, its Board of Directors, students and staff from all claims, actions, damages and liabilities for personal injury or damage relating to or arising out of any sports activity except where the injury or damage is caused by the gross negligence of Texas Heavy Hitters Sports staff. I understand that the athlete will be subject to the rules and regulations of the Texas Heavy Hitters Sports program. I understand that any person who repeatedly disobeys program policies or procedures will be immediately expelled from the program. Texas Heavy Hitters Sports is not responsible for lost or stolen property.

Signature of Parent or Guardian: _____

Date: _____

PHOTOGRAPHIC RELEASE FORM

I, the parent or legal guardian of a child participating in the sports program sponsored by Texas Heavy Hitters Sports ("THHS"), hereby authorize THHS and those acting pursuant to its authority to: (a) Record my child's likeness and voice on a video, audio, photographic, digital, electronic or any other medium; (b) Use my child's name in connection with these recordings; (c) Use, reproduce, exhibit or distribute in any form (e.g. print publications, video tapes, CD-ROM, Internet/WWW or any other form now or hereafter developed) these recordings for any purpose that THHS, and those acting pursuant to its authority, deem appropriate, including promotional or advertising purposes. I understand that all such recordings, in whatever medium, shall remain the property of THHS.

Signature of Parent or Guardian: _____

Date: _____

6th Annual Heavy Hitters Sports Winter Baseball Camp

Notes:

Please complete entire form and add all signatures

Please wear baseball attire with turf shoes/cleats to all workouts.

Rate : \$90.00

All invoices must be paid in full prior to start of training services.