



Mt. Carmel Winter Baseball Camps

Do you still have Holiday shopping to do? Why don't you let us take the kids and help prepare them for their Little League tryouts while you get shopping done? It's a great present for your young baseball player.

Camp Instructors:

- Chachi Mueller - Varsity Head Coach
Reggie Waller - Varsity Assistant Coach
Tim Tisch - Varsity Pitching Coach / Chicago White Sox
Keith Johnson - JV Head Coach / Oklahoma Baptist University
MC Players - TBD

Players should attend the camp in baseball attire: shirt, hat, baseball pants, and cleats. It may be a good idea to bring a jacket since it may be chilly. Please bring water or a sports drink for hydration. The baseball field is most easily accessed from Oviedo Way. Check-in begins at 8:30 am. In the event of cancellation due to weather, the camps will be made-up on December 27-28.

Please check which camp(s) you would like to attend.

Table with columns: When, Time, Ages, Where, Cost. Rows include camp dates (Dec 21, Dec 22) and T-shirt options with sizes (YM, YL, AS, AM, AL, XL) and cost (\$15.00).

Total Amount Enclosed \$ _____.

Make Checks Payable to: Mt. Carmel Athletic Foundation
Send check, registration form, and waiver to: Attn: Mt. Carmel Baseball, 9550 Carmel Mountain Road, San Diego, CA 92129. In order to have a t-shirt, form must be submitted by 11/27/09.

Please fill out personal information (below), sign waiver (pg. 2), and return:

Name _____ Position(s) _____ Age _____ Parent(s) _____

Address _____ (apt# _____)

City _____, State _____, Zip _____

Phone _____ E-Mail _____

Medical Insurance Policy _____

Insurance Policy ID # _____ any allergies, medications, limitations, and/or conditions: _____

Emergency Contact Name _____ # _____

<http://www.eteamz.com/mcsundevelsbaseball/>

**RELEASE FROM LIABILITY, ASSUMPTION OF RISK,
AND HOLD HARMLESS AGREEMENT
POWAY UNIFIED SCHOOL DISTRICT
Mt. Carmel Winter Baseball Camp**

I, the undersigned, in consideration of I, and/or my child, _____, being allowed to participate in this activity, and intending to be legally bound for myself, my heirs, executors and administrators, do hereby release and discharge the **POWAY UNIFIED SCHOOL DISTRICT – Mt. Carmel Winter Baseball Camp**, and all their officers, coaches, consultants, directors, agents, employees, contractors, jointly and severally, from any and all liability from which I or my child may suffer in any manner whatsoever arising out of or resulting from my child's participation in this activity; and I expressly assume all risks of my or my child's participation in this activity including, without limitation, the risk that I or my child may be injured as a result of the acts or omission of the above parties or some defect in or on the property of any of them whether caused by negligence or willful misconduct on the part of the aforementioned entities or their agents and I agree to indemnify, save, hold harmless and defend each and every of the above parties of and from any and all loss, damages, expenses, costs and attorney's fees arising out of or resulting from my child's participation in this activity, including without limitation travel, games, and practices. I and my child are participating at our own risk.

I UNDERSTAND THAT BASEBALL HAS INHERENT DANGERS AND RISKS TO INJURY AND ACCIDENT AND IF I OR MY CHILD IS INJURED, THIS WAIVER WILL BE USED AGAINST ME AND ANYONE ELSE CLAIMING DAMAGE BECAUSE OF MY OR MY CHILD'S INJURY IN ANY LEGAL ACTION. I ALSO UNDERSTAND THAT NO ONE IS AUTHORIZED TO MODIFY THIS WAIVER. I HAVE PERSONALLY READ AND UNDERSTAND THIS WAIVER AND RELEASE.

PARENT OR LEGAL

GUARDIAN: _____ **DATE:** _____

**AUTHORIZATION TO CONSENT TO TREATMENT OF A MINOR
POWAY UNIFIED SCHOOL DISTRICT
Mt. Carmel Winter Baseball Camp**

(This authorization is a legal document which authorizes hospital treatment in the event of injury to your child and will only be used in the event that neither parent (or guardian) can be reached for permission. This form will be retained by the Team Manager and will be shown to a physician treating your child.)

I, the undersigned, parent or legal guardian or nearest relative of _____, a minor, do hereby authorize **POWAY UNIFIED SCHOOL DISTRICT, Mt. Carmel Winter Baseball Camp**, and its representatives as agent(s) for the undersigned to consent to any x-ray, examination, anesthesia, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by and is to be rendered under the general or specific supervision of any physician and surgeon licensed under the provisions of the Medicine Practice Act and on the Medical Staff of any licensed hospital whether such diagnosis or treatment is rendered at the office of said physician or at said licensed hospital.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide authority and power on the part of the aforementioned agent(s) to give specific consent to any and all such diagnosis, treatment or hospital care which the aforementioned physician in the exercise of his/her best judgment may deem advisable.

This authorization is given pursuant to the provisions of Section 25.8 of the Civil Code of California. This authorization shall remain effective between September 1, 1999 and December 31, 2008, unless sooner revoked in writing.

PARENT OR LEGAL GUARDIAN: _____ **DATE:** _____

ADDRESS & TELEPHONE NUMBER: _____
