



www.fullcountpa.com

Full Count and Paxtonia Little League Summer Baseball & Softball Camp Registration Form

June 29th through July 1st from 9:00 to Noon

Cost: \$75/child Ages: 7-12 Register by June 18th

Make checks payable to PAA. Mail to Anthony Mosca, 6411 Churchill Rd, Harrisburg, PA 17111

Players Name _____

Age _____

Email _____ **Baseball – Softball (circle one)**

Physical limitations _____

Camp will teach all aspects of the game with focus on the most important fundamentals to improve each player. Please have your child bring his glove, bat, hat, helmet and enough water to stay hydrated. We will have a 15 minute break and you can pack a snack.

MINOR RELEASE

I, THE MINOR'S PARENT AND/OR LEGAL GUARDIAN, UNDERSTAND THE NATURE OF The Full Count Baseball Camp ACTIVITIES AND THE MINOR'S EXPERIENCE AND CAPABILITIES AND BELIEVE THE MINOR TO BE QUALIFIED, IN GOOD HEALTH, AND IN PROPER PHYSICAL CONDITION TO PARTICIPATE IN SUCH ACTIVITY. I HEREBY RELEASE, DISCHARGE, COVENANT NOT TO SUE, AND AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS all OF THE Full Count Staff FROM ALL LIABILITY CLAIMS, DEMANDS, LOSSES, OR DAMAGES ON THE MINOR'S ACCOUNT CAUSED OR ALLEGED TO BE CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE OF THE "RELEASEES" OR OTHERWISE, INCLUDING NEGLIGENT RESCUE OPERATION 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 RELEASEES NAMED ABOVE, I WILL INDEMNIFY, SAVE, AND HOLD HARMLESS EACH OF THE RELEASEES FROM ANY LITIGATION EXPENSES, ATTORNEY FEES, LOSS LIABILITY, DAMAGE, OR COST ANY MAY INCUR AS THE RESULT OF ANY SUCH CLAIM.

Printed Name of Parent/Guardian: _____

Phone: _____

PARENT/GUARDIAN SIGNATURE (only if participant is under the age of 18):

_____ **Date:** _____