



All-American Women's Baseball Classic Clinic

Monday, Jan. 3, 2022 at Ed Smith Stadium, Sarasota, FL



CLINIC REGISTRATION FORM

Today's Date: _____

Players Name: _____

Players Age: _____ Birth date: _____

Please indicate your experience level: Beginner 2-4 years playing More than 4 years of playing

Please indicate T-shirt size: Youth Small Youth Medium Youth Large Youth X-Large
 Adult Small Adult Medium Adult Large Adult X-Large

Parent/Guardian's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-Mail: _____

RETURN BY EMAIL TO

Sue Zipay
s.zipay@americangirlsbaseball.org

RETURN BY MAIL TO

American Girls Baseball
1811 Englewood Rd. #187
Englewood, FL, 34223

**For more information or questions contact Sue Zipay at 941-475-4489
or by email at s.zipay@americangirlsbaseball.org.**



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MEDICAL RELEASE AND AUTHORIZATION

Parents, please read this information and acknowledge it with your signature.

Permission is hereby granted to American Girls Baseball and its affiliates, including Directors, Coaches and Team Parents, to provide the needed emergency treatment prior to the child's admission to a medical facility. You have our permission, in the event of an emergency and in case we are unavailable, to authorize any physician, nurse practitioner or medical personnel to examine, interview, test and, if necessary, treat my child, name here: _____ as they may deem advisable.

Please list any allergies the player has. If the player has none, please say "None."

Please list any other medical problems the player has. If the player has none, please say "None."

Name of player's primary physician: _____ Physician's phone number: _____

Name of player's insurance carrier: _____ Policy number: _____

Safety Release: This releases and indemnifies AGB and its directors, officers, partners, staff, volunteers, consultants, representatives, and Baltimore Orioles Ltd. Partnership, from any and all claims and liabilities whatsoever arising from participation in or attendance at one or more of ABG's current or future programs by the undersigned, the undersigned's child(ren) or any associated spectator(s).

Covid Release: By signing this waiver, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk my child(ren) or I could be exposed to or infected by COVID-19 by attending AGB's Skills Clinic for girls and such exposure or infection may result in permanent injury, illness, disability or death. I understand the risk of becoming exposed to or infected by COVID-19 at the Clinic could result from the actions, omissions, or negligence of my child(ren), myself and others, including, but not limited to, AGB members, volunteers and program participants and their families.

I hereby release and forever discharge from any and all liability AGB, its directors, officers, partners, staff, volunteers, consultants, representatives, and Baltimore Orioles Ltd. Partnership. I expressly agree and promise to accept and assume all risks existing as a result of my child(ren)'s participation in the Clinic during a pandemic. Further, I agree to indemnify and hold harmless AGB from any claims that may be asserted against it as a result of said participation.

Media Release: Permission is granted by the undersigned for AGB and its agents to use the above-named child's video and likeness for the purpose of promotion of AGB in all forms, including, but not limited to, news, releases, photographs, videos, and recordings of the child to be used in print, digital, and internet media. The undersigned acknowledges that there will be no compensation for the images used and waives any right to inspect any printed or electronic copy. I hereby release AGB and its assigns of any claims that may arise from these uses. AGB will not use the name of any child attending the clinic in a photo or video without first obtaining permission from the parent or guardian of the child.

By signing this form, I acknowledge I have had sufficient opportunity to read it in its entirety. I have read and understand it and agree to be bound by its terms.

Parent/Guardian Signature: _____ Today's Date: _____