

Wolverine

Summer Baseball Camp 2023

Camp	When	Time	Ages	Location	Cost
1	Tuesday June 13-- Friday June 16	9:00am-12:00 pm	12-14	Varsity Field	\$160
2	Monday June 19- Thursday June 22	9:00am-12:00 pm	7-11	Varsity Field	\$160

Please mark which camp your child will attend

*No refunds after first day of camp

Please make checks payable to: Westview Groups and Clubs

Send check, registration form, and waiver to:

Westview High School attn: Baseball

13500 Camino Del Sur

San Diego, CA 92129

Camp Instructors will include Westview Baseball coaching staff, past, and current high school players

Please fill out the information below, sign the waiver on page 2, and return

Name _____ Position(s) _____ Age ____

Parent(s) _____

Address _____ Apt # _____

City _____ State ____ Zip _____

Phone _____ E-mail _____

Medical Insurance Policy _____

Insurance Policy ID # _____

List allergies, medications, limitations, and/or conditions:

Emergency contact _____ (#) _____

T-Shirt Size (circle one) YM YL AS AM AL AXL

Contact: Brian Stimpson @ 858-780-2000 x 3122 until June 9 or anytime at bstimpson@powayusd.com

Website: <https://www.leaguelineup.com/welcome.asp?url=whswolverines>

***Wolverine Baseball Camp has the right to refuse service to anyone

RELEASE FROM LIABILITY, ASSUMPTION OF RISK, AND HOLD HARMLESS AGREEMENT

POWAY UNIFIED SCHOOL DISTRICT

Wolverine 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 – Wolverine 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

Wolverine 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, Wolverine 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, 2023, unless sooner revoked in writing.

PARENT OR LEGAL GUARDIAN: _____ DATE: _____

ADDRESS & TELEPHONE NUMBER: _____

Westview High School, PUSD, Westview Foundation
Off Season Activities Release of Liability

In consideration of being permitted to participate in any way in Westview High School, Westview Foundation and PUSD activity ("Activity") I, for myself, my personal representatives, assigns, heirs, and next of kin:

1. ACKNOWLEDGE, agree and represent that I understand the nature of the Activity and that I am qualified, in good health, and in proper physical condition to participate in such Activity. I further agree and warrant that if at any time I believe conditions to be unsafe, I will immediately discontinue further participation in the Activity.

2. I FULLY UNDERSTAND that: (a) ATHLETIC ACTIVITIES INVOLVE RISKS AND DANGERS OF SERIOUS INJURY, INCLUDING PERMANENT DISABILITY, PARALYSIS, AND DEATH ("RISKS"); (b) these Risks and dangers may be caused by my own actions or inactions, the actions or inactions of others participating in the Activity, the condition in which the Activity takes place, or THE NEGLIGENCE OF THE 'RELEASES' NAMED BELOW; (c) there may be OTHER RISKS AND SOCIAL AND ECONOMIC LOSSES either not known to me or not readily foreseeable at this time, and I FULLY ACCEPT AND ASSUME ALL SUCH RISKS AND ALL RESPONSIBILITY FOR LOSSES, COSTS, AND DAMAGES I may incur as a result of my participation or that of the minor in the Activity.

3. I HEREBY RELEASE, DISCHARGE, AND COVENANT NOT TO SUE PUSD, Westview High School, and Westview Foundation including its parent company, related affiliated and subsidiary companies of each, as well as the officers, directors, agents, employees and assignees of each, and Westview associations, clubs, coaches, officials, administrators, members, volunteers, participants, sponsors, advertisers, and if applicable owners and lessors of premises on which the Activity takes place, and any other party indemnified and held harmless by PUSD, Westview Foundation and Westview High School (each considered one of the 'RELEASES' herein) FROM ALL LIABILITY, CLAIMS, DEMANDS, LOSSES, OR DAMAGES ON MY ACCOUNT CAUSED OR ALLEGED TO BE CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE OF THE "RELEASES" OR OTHERWISE, INCLUDING NEGLIGENT RESCUE OPERATIONS, NEGLIGENT SECURITY, TRAVEL, AND RECREATIONAL OPERATIONS AND ACTIVITIES; AND I FURTHER AGREE that if, despite this RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT I, or anyone on my behalf, makes a claim against any of the Releases, I WILL INDEMNIFY, SAVE, AND HOLD HARMLESS EACH OF THE RELEASES from any litigation expenses, attorney fees, loss, liability, damage, or cost which may incur as the result of such claim.

AGREEMENT TO PARTICIPATE

I, or we, grant to the Directors, Assistants, or assigned chaperons of this event to act as guardians/spokesman in granting permission for emergency treatment/hospitalization (including anesthesia) if necessary for my child en route to or from or at the site of a Westview High School, Westview Foundation and PUSD event or hospital or other medical facility. I understand that should a health emergency arise, I will be attempted to be notified, but that if I cannot be reached by telephone, such medical treatment as deemed necessary, by competent medical personnel is authorized. INSURANCE: Westview Foundation provides excess medical insurance for any member athlete participating in Westview off season and club sanctioned practice or event. If the athlete has other medical coverage, theirs will be applied first, followed by Westview Foundation insurance. I HAVE READ THIS AGREEMENT, FULLY UNDERSTAND

ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND HAVE SIGNED IT FREELY AND WITHOUT ANY INDUCEMENT OR ASSURANCE OF ANY NATURE AND INTEND IT TO BE COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW AND AGREE THAT IF ANY PORTION OF THIS AGREEMENT IS HELD TO BE INVALID THE BALANCE, NOTWITHSTANDING, SHALL CONTINUE IN FULL FORCE AND EFFECT.

PRINTED NAME OF PARTICIPANT _____

PHONE: _____

PARTICIPANT'S SIGNATURE (only if age 18 or over): _____

TEAM NAME _____

MINOR RELEASE: AND I, THE MINOR'S PARENT AND/OR LEGAL GUARDIAN, UNDERSTAND THE NATURE OF ATHLETIC 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 EACH OF THE RELEASES 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 "RELEASES" OR OTHERWISE, INCLUDING NEGLIGENT RESCUE OPERATIONS 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 RELEASES NAMED ABOVE, I WILL INDEMNIFY, SAVE, AND HOLD HARMLESS EACH OF THE RELEASES FROM ANY LITIGATION EXPENSES, ATTORNEY FEES, LOSS LIABILITY, DAMAGE, OR COST ANY MAY INCUR AS THE RESULTS OF ANY SUCH CLAIM.

PRINTED NAME OR PARENT/GUARDIAN: _____

ADDRESS: _____

City: _____ State: _____ Zip: _____

Phone: _____ DATE: _____

Insurance Policy#: _____

Emergency Contact: _____ Phone: _____

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