

# WOLVERINE

## SUMMER BASEBALL CAMP 2021

CAMP	WHEN	TIME	AGES	LOCATION	COST
1	TUESDAY JUNE 22- FRIDAY 25	9:00AM- 12:00PM	12-14	VARSITY FIELD	\$160
2	MONDAY JUNE 28- THURSDAY JULY 1	9:00AM- 12:00PM	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:

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EMERGENCY CONTACT \_\_\_\_\_ (#) \_\_\_\_\_

T-SHIRT SIZE (CIRCLE ONE) YM YL AS AM AL AXL

CONTACT: BRIAN STIMPSON @ 858-780-2000 x 3122 UNTIL JUNE 18 OR ANYTIME AT [BSTIMPSON@POWAYUSD.COM](mailto: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, 2021, unless sooner revoked in writing.

PARENT OR LEGAL GUARDIAN: \_\_\_\_\_ DATE: \_\_\_\_\_

ADDRESS & TELEPHONE NUMBER: \_\_\_\_\_

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