

ONE DAY

All Inclusive

(hitting, pitching, fielding)

JULY 9

9AM-12PM

Ages:

5 - 14 yrs

\$35 per player

(EARLY BIRD \$30 SEE BELOW)

**at Plagens-Carpenter
Sports Complex,
Haysville, KS**

(665 W. 63rd Street)



For more information:

Grant Jones

General Manager

haysvilleaviatorsgm@gmail.com

316-650-2534



BASEBALL CAMP 2018

CAMPERS WILL LEARN FROM EXPERIENCED

COACHES AND PLAYERS IN THE AVIATOR WAY

**OF BASEBALL INSTRUCTION. THEY WILL ALSO BE ABLE
TO PARTICIPATE IN INSTRUCTIONAL ACTIVITIES PUTTING
THEIR NEW SKILLS INTO ACTION!!!**

Registration Form

Player: _____

Age: _____ Date of Birth _____

Address _____

City _____ State _____ Zip Code _____

Parent's Name _____ Phone _____

Email _____

T-Shirt Size: YXS YS YM YL S M L

Send Registration form with check to this address:

901 W. Hazel Ave., Wichita, KS

(or drop off at the concessions stand/merchandise table)

Make checks payable to **Haysville Aviators Baseball**

If fully paid by July 1, it is \$30. Any received after that are \$35

If you prefer to pay by debit or credit card come by our
merchandise booth during a home game to register.

(Release on reverse)

RELEASE FORM

I, _____, grant permission to _____, hereinafter known as the "Team" to use my image (photographs and/or video) for use in Media publications including:

(Check All That Apply)

Videos Email Blasts Newsletters General Publications Website Social Media
Other: _____

I hereby waive any right to inspect or approve the finished photographs or electronic matter that may be used in conjunction with them now or in the future, whether that use is known to me or unknown, and I waive any right to royalties or other compensation arising from or related to the use of the image.

RISKS: I understand that being on the field of play can be hazardous; being on the field can result in bodily harm, illness, permanent disability, or death; being on the field of play may result in damage to my property; any costs related to injury/damage I take full responsibility for; whenever on the field of play, will conduct myself according to the instructions given by coaches and other adults. I freely and voluntarily assume all of the risks as above described, and all those known and unknown.

LIABILITY RELEASE: I release and agree to never sue the City of Haysville, the Haysville Aviators, and all their directors, officers, employees and agents from all liability for injuries, death and damage to my child or any of my property or my child's property as a direct or indirect result of my admittance to the Facility and/or access to the dugout or field.

Please **initial** the paragraph below:

_____ - I am the parent or legal guardian of the below named child. I have read this release before signing below, and I fully understand the contents, meaning and impact of this release. I understand that I am free to address any specific questions regarding this release by submitting those questions in writing prior to signing, and I agree that my failure to do so will be interpreted as a free and knowledgeable acceptance of the terms of this release.

Player Signature: _____ Date: _____

Name (please print): _____

Address: _____

Signature of parent or legal guardian: _____