



Michigan Youth Instructional Camp

Date Attending: November 27 December 18 January 22

Name: _____

Birthdate: _____

Phone Number: _____

Address: _____

Weight: _____

Bats: _____ Throws: _____

Position: _____

Previous Travel Ball Experience: _____

I agree to the following Terms and Conditions: The Cage has a "no refund" policy. The event will be re-scheduled if inclement weather occurs. Refunds will only be issued if The Cage cancels the event. I understand that the event is operated by The Cage. Accordingly, I agree to release and hold harmless The Cage its agents, and other staff, while acting in their capacities as such, from any and all claims of liability which may arise in any manner or form from my child's participation in this event. I hereby authorize The Cage staff to act for me, according to their best judgment, in any medical emergency. As parent/ guardian of the above player, I take full responsibility for payment of injuries that may occur during the event and I hereby waive and release said persons from any liability of illness/injury incurred while attending this event

Parent _____ Date _____

Make checks out to: Play At The Cage

Mail check and registration form to: 227 Monroe, Saline, MI 48176

