



2017 Summer Camp Registration & Waiver Form

Player's Name: _____

Age: _____ Date Of Birth: Month _____ Day _____ Year _____

Registering for Week(s):

June 12-15 July 10-13 July 17-20 July 24-27 July 31-August 3

Position(s): _____

Parent/Guardian: _____ Mobile Phone: _____

Home Phone: _____ Work Phone: _____

Mailing Address: Street _____

City _____ Zip Code _____

Email Address: _____

Would you like to be on The Fungo's email list? Yes _____ No _____

Medical Conditions (ex: Asthma): _____

Medication Allergies: _____

Release and Indemnity Agreement

I hereby give consent for my child to participate in instructional lessons, clinics and/or camps at The Fungo. I understand that injuries, and property loss can occur during such a sport as baseball. I hereby release and agree to hold harmless The Fungo, Aidan McCarthy, instructors, and/or affiliated companies and their respective agents and any employees of The Fungo of any liability claim, demands, injuries, or causes of action which may arise by virtue of acts, or decisions to act, negligible or otherwise. This form MUST be signed by a parent/guardian if child is under 18 years of age. I also give permission to The Fungo to use photographs/Video clips of my child for purposes of advertising in brochure and website material. The undersigned parent/guardian authorizes The Fungo, instructors, employees, and its Agents permission to request medical treatment as necessary to insure the well being of the above listed dependent. No Make-Up dates are allowed for missed sessions. Refunds are not granted. If my child is unable to participate for any reason in the desired lesson package, clinic, and/or camp, a credit will be applied to another event, or a token card at The Fungo.

Parent/Guardian Please Print Name: _____

Signature: _____ Date: _____

The Fungo
18515 Old Statesville Road (Hwy 115), Cornelius, NC 28031
(704) 895-5009 | www.thefungo.com