

East Bay Youth Sports

Camp Registration Form

3000 Danville Blvd # F416, Alamo Ca 94507

Camper's Name _____ Age _____ Gender _____

Phone _____ E Mail (print clearly) _____

City _____

Parent / Guardian (1) _____ (2) _____

Home Phone _____ Work Phone _____

Cell Phone #1 _____ Cell Phone #2 _____

Other Emergency Contact _____ Phone _____

Medical Treatment Authorization and General Waiver

I _____ certify that I am the parent or legal guardian of the above named camper. By my signature below, I hereby authorize any and all emergency medical treatment necessary to be rendered to my child by any person or persons in order to preserve life, limb or the general health and welfare of my child.

Medical Insurance Carrier _____ ID/Policy # _____

Notes: (please use this space to tell us anything that can make your child's stay with us the best it can be. Include medical or behavioral concerns if any)

Sports Camps Selection Form

(Please check box for sport and location)

(Please check box for sport and location)		CONCORD		ORINDA
Beginner Tackle Football	Ages 5-13			
Intermediate Tackle Football	Ages 9-13			
Beginner Flag Football	Ages 5-8			
Intermediate Flag Football	Ages 9-13			
Beginner Soccer	Ages 5-10			
Beginner Basketball	Ages 5-8			
Intermediate Basketball	Ages 9-13			
Beginner Lacrosse	Ages 7-13			
Beginner Baseball	Ages 5-10			

Please circle dollar (\$) amount in box below to indicate desired choice

		Regular Day (9am - 3pm)	Morning Only (9am - 12pm)
	Single Day	\$70	\$30
	2 Day Package	\$125	\$55
	4 Day Package	\$240	\$95
	Please circle day(s)		
	23 Dec 24 Dec		
	26 Dec 27 Dec		
	30 Dec 31 Dec		
	2 Jan 3 Jan		

TOTAL DUE \$ _____

Checks are Payable to EBYS 3000 Danville Blvd #F416 Alamo, CA 94507.

For Credit Cards please use page 4

EBYS Participant Release of Liability and Assumption of Risk

In consideration of being permitted by East bay Youth Sports (hereinafter referred to as EBYS) to participate in its activities and to use its equipment and facilities, I hereby agree to release, indemnify and discharge East Bay Youth Sports, its agents, owners, directors, coaches, partners, employees, volunteers, manufacturers, participants, lessors, affiliates, its subsidiaries, related and affiliated entities, successors and assigns (the "RELEASED PARTIES"), I on behalf of myself, my spouse, my children, my parents, my heirs, assigns, personal representative and estate as follows:

1) I acknowledge that my or my CHILD/WARD's participation in EBYS programs and activities entail known and unknown risks that could result in physical or emotional injury, paralysis, death, or damage to myself, to property or to third parties. I understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activity. **The risks include, among other things:**

a) Tackle or Flag Football, Baseball, Soccer, Basketball, Skateboarding, Swimming, Bowling and other youth recreational sports and activities (hereinafter referred to as EBYS) entail certain risks that simply cannot be eliminated without jeopardizing the essential qualities of the activity. EBYS programs expose its participants to the usual risk of cuts and bruises. Participants may fall to the ground, collide with other participants, can sprain or break wrists, ankles, legs, arms, ribs, hands, back and feet, sustain dental damage and can suffer more serious injuries as well. Other more serious risks include head or neck injuries and even death. Other injuries not listed may be sustained that would normally be expected to occur from engaging in an active, fast paced or other recreational sport or activity.

2. **I expressly agree and promise to accept and assume all of the risks existing in activities offered by EBYS. My or my legal charge's (child's) participation in this activity is purely voluntary and I elect to allow my legal charge (child) to participate in spite of the risks.**

3. **I hereby voluntarily release, forever discharge, and agree to defend, indemnify and hold harmless RELEASED PARTIES from any and all claims, demands, or causes of action, which are in any way connected with my or my CHILD/WARD's participation in this activity or my use of EBYS equipment or facilities, including any such claims which allege negligent acts or omissions of RELEASED PARTIES to the fullest extent allowed by law. Should EBYS or anyone acting on their behalf, be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and hold them harmless for all such fees and costs.**

5. I certify that I have adequate insurance to cover any injury or damage that I or my legal charge (child) may cause or suffer while participating. I certify that I will immediately notify EBYS in writing should this condition change. I also certify that my legal charge (child) is healthy and fit enough to participate in the EBYS programs and that I have disclosed any and all physical, mental or emotional conditions that may affect his/her participation.

6. I agree that I will fully disclose in writing upon registration any condition or behavior of my child which may cause a safety issue in supervision or potential issues with other children. These can include but are not limited to ADHD, Asperger's, OCD, outbursts of anger and any other disability or condition. I understand and agree that EBYS is not staffed with special needs trained staff and may not accept or be able to continue service for a child who is disruptive or in danger to him/herself or others. I agree that failure to provide full, detailed disclosure in writing of these conditions will result in forfeiture of service without refund.

7.. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining portions shall remain in full force and effect.

8. **I agree that this Release of Liability and Assumption of Risk agreement is made on behalf a minor participant and that all of the releases, waivers and promises herein are binding on that minor participant. I represent that I have full authority as Parent or Legal Guardian to bind the minor participant to this agreement.**

9. **I agree that if the participant is a minor, I further agree to defend, indemnify and hold harmless EBYS from any and all claims or suits for personal injury, property damage or otherwise** which are brought by, or on behalf of the minor, and which are in any way connected with such use or participation by the minor, including injuries or damages caused by the negligence of RELEASED PARTIES to the fullest extent allowed by law, except injuries or damages caused by the gross negligence or willful misconduct of the party seeking indemnity.

10. **I understand and agree that EBYS does not offer refunds for any reason at any time** and that commitment to participate is made upon execution of this registration contract. I understand that weeks or registered days may be moved when possible with 24 hours notice.

11 I hereby expressly waiver all rights under Section 1542 of the Civil Code of the State of California, and under any and all similar laws of any jurisdiction. I am aware that said Section 1542 of the Civil Code provides as follows: A GENERAL RELEASE DOES NOT EXTEND TO CLAIMS WHICH THE CREDITOR DOES NOT KNOW OR SUSPECT TO EXIST IN HIS FAVOR AT THE TIME OF EXECUTING THE RELEASE, WHICH IF KNOWN BY HIM MUST HAVE MATERIALLY AFFECTED HIS SETTLEMENT WITH THE DEBTOR.

By signing this document, I acknowledge that if anyone is hurt or property damaged during my or my legal charge's (child's) participation in this activity, I may be found by a court of law to have waived my or the minor participant's right to maintain a lawsuit against EBYS or any RELEASED PARTIES on the basis of any claim from which I have released them herein.

I have had sufficient opportunity to read this entire document. I have read and understood it and I agree to be bound by its terms.

Signed this day _____

Printed Name _____

Signature _____

East Bay Youth Sports

Credit Card Authorization Form

Please bill the total amount shown on attached pages to my credit card plus 2.9% fee for processing:

Card Type (MC, VISA, American Express, Discover) _____

Card Number:

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Card Expiration : _____

Billing Zip Code: _____

CVV (three or four digit code on back of card) _____

I authorize the charges as indicated.

Signature _____

This form is not kept on file and is destroyed upon verification of funds transferred.