Sportstime Corporate Office
210 Bordeaux Court
El Dorado Hills, CA 95762
Work (925) 922-BALL
Fax (916) 939-4070
www.sportstime.com

Dear Camp Participant,
We are pleased that you have selected our Sportstime Baseball/Mill Valley Recreation Baseball Camp.

MILL VALLEY BOYLE PARK

MILL VALLEY BOYLE PARK • 2015 SCHEDULE				
DATES	AGES	SPORTSTIME BASEBALL CAMP	TIME	FEE
JUNE 22-25, 2015	6-11	ALL-SKILLS CAMP	9AM-2PM	$329
JULY 6-9, 2015	7-12	ADVANCED CAMP	9AM-2PM	$329
AUGUST 17-20, 2015	7-12	GET READY FOR FALL-BALL CAMP	9AM-2PM	$329

MILL VALLEY COMMUNITY CENTER - FRIENDS FIELD

MILL VALLEY REC CENTER FIELDS • 2015 SCHEDULE				
DATES	AGES	SPORTSTIME BASEBALL CAMP	TIME	FEE
AUGUST 3-6, 2015	7-12	ADVANCED CAMP	9AM-2PM	$329

The following is a checklist of what you'll need while attending the camp:

- ✓ **Completed & signed waiver & health history forms!! Bring to Camp first day !!!**
  If you did not receive forms with this mailer…we have them already.
- ✓ **Please review our cancellation policy listed on the registration form**
- ✓ **Lunch is generally 20 minutes and is held around noon daily.**
- ✓ **Plenty of water, lunch and snacks - preferably in a cooler (clearly marked with player's name)**
- ✓ **Wear warm clothes, bring sweatshirt, wear sunscreen if sunny (applied prior to drop-off), plus a baseball hat**
- ✓ **If possible, players should wear a baseball uniform, or sweats with t-shirt, hat, cleats and protective gear (when appropriate). You MUST bring Tennis shoes to practice in the gym! Be prepared for inclement weather**
- ✓ **If possible, players should bring their own fielder's mitt, bat, helmet, and batting gloves in a bat bag or athletic bag. Make sure the player's name is clearly marked on all equipment and clothing for easy identification**
- ✓ **The camp will not be responsible for loss of any personal items**
- ✓ **Catchers should bring their own catchers gear or borrow it from your friends or your local little league**

We ask that you arrive 5 minutes early to your camp location to hand in all completed forms. Please note that all required forms and payment must be completed before any player is eligible to participate in the camp. Please let your friends, family and teammates know about the camps!

The Sportstime camp curriculum is both dynamic as well as challenging. Our camps provide players a fast-paced training environment designed to **Maximize Player Improvement**!

Sportstime believes ***"Excellence Through Training"*** is best achieved through teamwork, sportsmanship, and hard work. To insure a quality and safe learning environment, Sportstime requires that players act in a safe and courteous manner toward their fellow players, and professional coaching staff.

Regards,
Steve Horning
Steve Horning, Camp Directors and Camp Staff

MEDICAL EMERGENCY & HEALTH HISTORY INFO

Use This Form for Same Family Members Only and Please Print Clearly

Player 1

Participant's Name: _____

Birthdate: _____ Sex: ___ Weight: _____ Height: _____

Mother's Name: _____

Day #: _____ Pager/Mobile #: _____

Father's Name: _____

Day #: _____ Pager/Mobile #: _____

If above is not available in an emergency, please contact:

Name: _____

Day #: _____ Pager/Mobile #: _____

Participant's Physician: _____

Day #: _____ Pager/Mobile #: _____

Medical Insurance Co.: _____

Insurance/Policy #: _____

Health History Information

Convulsions/Seizures: _____ Diabetes: _____ Nosebleeds: _____
Epilepsy: _____ Skin Cancer: _____ Other: _____

If yes to any of these or other, please specify: _____

Hay Fever: ____ Asthma: ____ Bee/wasp Stings: ____ Other: _____

If yes to any of these allergies or other, please specify:

Date of last tetanus booster: _____
Special Diet: _____

Medications to be administered at camp: _____

Is your child under the care of a physician? If yes, please detail);

Does participant have any special needs or conditions that staff should be aware of? (Staple attachment if needed): _____

Player 2

Participant's Name: _____

Birthdate: _____ Sex: ___ Weight: _____ Height: _____

Mother's Name: _____

Day #: _____ Pager/Mobile #: _____

Father's Name: _____

Day #: _____ Pager/Mobile #: _____

If above is not available in an emergency, please contact:

Name: _____

Day #: _____ Pager/Mobile #: _____

Participant's Physician: _____

Day #: _____ Pager/Mobile #: _____

Medical Insurance Co.: _____

Insurance/Policy #: _____

Health History Information

Convulsions/Seizures: _____ Diabetes: _____ Nosebleeds: _____
Epilepsy: _____ Skin Cancer: _____ Other: _____

If yes to any of these or other, please specify: _____

Hay Fever: ____ Asthma: ____ Bee/wasp Stings: ____ Other: _____

If yes to any of these allergies or other, please specify:

Date of last tetanus booster: _____
Special Diet: _____

Medications to be administered at camp: _____

Is your child under the care of a physician? If yes, please detail);

Does participant have any special needs or conditions that staff should be aware of? (Staple attachment if needed): _____

***Please remember to complete and attach Registration & General Release & Liability Waiver form!**

REGISTRATION FORM

Use This Form for Same Family Members Only and Please Print Clearly

Make checks payable to Sportstime & send to: Sportstime Corporate Office, 210 Bordeaux Court, El Dorado Hills, CA 95762

Participant's Name(s): (1)_____ **(2)**_____

Birthdate(s): (1) _____ **(2)** _____ **Current League Level (Farm, Minors, Majors, etc.): (1)** _____ **(2)** _____

Parent's Name: _____ **Address:** _____

City/Zip: _____ /_____ **H. Phone:** _____ **Mobile #:** _____

E-mail (print clearly): _____

Camp or Lesson Program(s): _____ **Amount Pd:** _____ **Ck #:** _____ **Cash:** _____

Main 2 Positions: __P __C __1B __2B __SS __3B __OF **Bats:** o Right o Left **Throws:** o Right o Left

How did you hear about us? o **E-newsletter** o **Parks & Rec** o **Newspaper** o **League** o **Mailer** o **Internet Search**
o **Referral:** _____

Discount Code: _____

CANCELLATION & REFUND POLICY

Camp or Clinic Programs: ***Initial***_____ If you must unavoidably cancel your scheduled reservation, we require at least 10 days advance notice prior to your camp or clinic start date. If at least 10 days notice is given, a full refund will be issued less a $30 administration fee. If your notice of cancellation is less than 14 days prior to your program start date, you will be issued a credit voucher to be applied toward any lesson or camp program for up to one year less a $50 administration fee. If participant becomes severely ill or injured (needs signed doctor's note) before the program starts, you will be refunded your fee or issued a lesson or camp credit voucher less a $50 administration fee. Once the program begins, there will be NO refunds issued for illness, injury, rainouts (April thru October only), vacation or disciplinary problems.

Lesson Programs: ***Initial***_____ Lessons must be pre-paid, are non-refundable and expire one year from the date of purchase. We require at least 36 hours advance notice on all lesson cancellations. If you cancel lesson less than 36 hours in advance, your lesson fee will unfortunately be forfeited or billed to your account. Please check your calendars carefully before scheduling lessons. It's helpful to send us a list of all days and times, including all school holidays and ½ days, that you're available for workouts. Keep in mind, we may have students on a waiting list awaiting available lesson time slots. In wet weather, call your personal instructor at least 3 hours prior to your scheduled lesson to determine practice conditions and/or location. We will gladly re-schedule any rainouts.

GENERAL RELEASE & LIABILITY WAIVER

Initial_____ In conjunction with participation in the Sportstime Academy, the undersigned, on his/her own behalf or as parent/legal guardian of the participant, acknowledges and understands that each participant will be engaging in activities that involve risk of serious injury, including permanent disability and death, as well as potential economic losses, which could result from his/her own actions, inaction's or negligence; the actions, inaction's or negligence of others; the condition of the premises; or the equipment used. I also understand and acknowledge that proper physical contact for purposes of teaching a particular movement during the activities is a natural part of the learning process.

Initial_____ In consideration for the opportunity to participate in the programs and activities of the Sportstime Academy, the undersigned, on his/her own behalf or as parent/legal guardian of the participant, hereby expressly and voluntarily agrees to assume all risks, whether known or unknown, of participation in such programs and activities. The undersigned, on his/her own behalf or as parent/legal guardian of the participant, further agrees not to sue and to hold harmless and forever release, waive, and discharge Steve Horning and the Sportstime Academy, their respective heirs, administrators, executors, successors, assigns, directors, employees, agents, independent contractors, and advertisers, and, if applicable, the owners, lessors, and lessees of the premises used to conduct such programs and activities, from any and all liabilities, claims, demands, losses, and causes of action that the participant and his/her parents, heirs, executors, administrators, successors, and assigns may have for injuries and damages arising out of participation in the programs and activities of the Sportstime Academy whether caused, in whole or in part, by the acts, omissions, or negligence of the releasees or otherwise. In case of emergency, I agree on my own behalf or as parent/legal guardian of the participant, that the participant may be treated by a qualified physician.

Initial_____ I have read, understand, and acknowledge the Sportstime Academy cancellation and refund policy as stated above. I also understand and acknowledge that Steve Horning and the Sportstime Academy own and retain all video and photographic rights in connection with the participant's participation in all programs and activities.

I HAVE READ THE ABOVE GENERAL RELEASE AND LIABILITY WAIVER AND UNDERSTAND THAT I FOREVER WAIVE CERTAIN RIGHTS BY SIGNING IT AND DO SO VOLUNTARILY.

Signature: _____ **Print Name:** _____ **Date:** _____
(Circle One: Participant or Parent/Legal Guardian)

***Please remember to complete and attach Medical Emergency & Health History Information form!**