

**SAINT VINCENT COLLEGE
BASEBALL
2019 INDOOR WINTER CLINICS**

DATE: SATURDAY JANUARY 26TH AND SATURDAY FEBRUARY 2nd
TIME: Noon-3:00PM
AGES: 8-18 YEARS OF AGE
WHERE: Carey Center Gymnasium
COST: \$75.00 (please make checks payable to Saint Vincent College Baseball)

- Players will receive first-class instruction from the Saint Vincent College Coaching Staff
- The clinic will focus on the fundamentals of the game: offensively, defensively and pitching

Please complete and return to: Saint Vincent College Baseball
Attn: Mick Janosko
300 Fraser Purchase Road
Latrobe, PA 15650

I will attend (please circle): Jan. 26TH or Feb. 2nd I will attend Both Dates (\$135.00 total)

Name: _____
Address: _____

Home Phone: _____
Cell Phone: _____
Email: _____
Age: _____ Grad Year: _____
High School: _____
Ht: _____ Wt: _____ Pos: _____

INSURANCE INFORMATION

Type of Insurance

Policy Number

PARENT/GUARDIAN CONTACT INFO

Home Phone

Cell Phone

Printed Parent(s) Name(s)

FINANCIAL INFORMATION

To confirm registration and reserve a place in the clinic, send this application and clinic fee (\$75.00) to: Saint Vincent College Baseball
Attn: Mick Janosko
300 Fraser Purchase Road
Latrobe, PA 15650

**Questions? Contact Coach Janosko at 724-805-2396-office, 724-331-4780-cell.
Email: mick.janosko@stvincent.edu. Registration begins at 11:45am inside the gym lobby.
Proper baseball attire. Tennis shoes must be worn.**

**Saint Vincent College Athletic Event/Tournament
Release, Waiver of Liability, and Indemnity Agreement:
Minor Child Participant**

I/We, the parent(s)/guardian(s) of the minor participant [hereinafter, "our child"] identified below, hereby acknowledge that our child is being offered the opportunity to engage in an athletic event/tournament, (hereinafter "the Activity") specifically Instructional Indoor Winter Baseball Clinics to be held on the campus of Saint Vincent College on January 26, 2019 and February 2, 2019.

I/We hereby acknowledge that any reference to Saint Vincent College in this document includes the Saint Vincent College Corporation, the Saint Vincent Archabbey, the Benedictine Society of Westmoreland County, Saint Vincent Seminary, the Wimmer Corporation and any and all past, present and future governing bodies, members, managers, directors, officers, employees, and agents of the aforesaid entities, including their insurers, employee benefit plans and their respective trustees and fiduciaries, and all others acting in concert with them.

I/We understand and agree that our child's participation in the Activity is strictly voluntary.

I/We understand and acknowledge that the Activity involves competitive events and that our child could be injured if he or she participates.

I/We agree to instruct our child to comply with all safety precautions and instructions from all authorized personnel in connection with the Activity.

I/We voluntarily assume and all risks of injury to our child caused by, or arising from our child's participation in the Activity.

I/We understand and acknowledge that as a precondition to our child participating in the Activity, Saint Vincent College is requiring us to release it and indemnify it against any loss, damages or costs, from any claims or causes of action that I/We might have against Saint Vincent College arising from our child's participation in this Activity. I/We understand that by signing this release

I/We are voluntarily giving up legal rights that I/We might have against Saint Vincent College as are set forth below.

I/We knowingly and voluntarily indemnify, release and hold harmless Saint Vincent College, from all claims relating to, or arising from our child's participation in the Activity including, but not limited to, any personal injury claims or claims of general or gross negligence.

I/We hereby agree that Saint Vincent College is not responsible for any property that is lost, stolen, or damaged while in, on, or about the premises of the College during the Activity.

I/We hereby represent to Saint Vincent College that my child is physically fit and capable of participating in the above mentioned Activity; that my child has had a recent physical examination by a competent physician and that my child's participation is consistent with all medical advice I/We have presently received from medical professionals familiar with my child's physical condition; and that I/We and my child have inspected the facilities prior to their use.

I/We further represent the Saint Vincent College that my child is covered by some form of hospitalization, accident, automobile and/or other property or liability insurance, that such insurance will be applied toward the payment of any loss, injury, or damage and that I will not look to Saint Vincent College for the payment of any such loss, injury, or damage or any expense or cost related to it.

I/We further agree that in the event of a medical emergency involving my child that I/we give permission to the clinic director to provide appropriate emergency treatment through a trainer, nurse or hospital emergency room in the event that I/we cannot be reached through phone contact as provided by us on the registration form.

I/We agree that in the event that my child is dismissed from the Activity due to reasons of misconduct, I/we agree that no part of the fee shall be returned.

I/We further expressly agree that this release, waiver and indemnity agreement is intended to be as broad and inclusive as is permitted by the law of the Commonwealth of Pennsylvania and that if any portion thereof is held invalid, it is agreed that the remainder shall, notwithstanding, continue in full legal force and effect.

I/We have read the foregoing waiver and release of liability and indemnity agreement and voluntarily agree to execute this document with full knowledge of its contents.

Child's Name (Please print)

Parent/Legal Guardian Name (Please print)

Parent/Legal Guardian (Sign)

DATE

Parent/Legal Guardian Name (Please Print)

Parent/Legal Guardian (Sign)

DATE