

FLATHEAD VALLEY BASEBALL CAMP



RYAN WARDINSKY - MAJOR LEAGUE SCOUT - MIAMI MARLINS
RYAN MALMIN - HEAD COACH - KALISPELL LAKERS

TUESDAY, JULY 10, 2018

HOSTED BY: KALISPELL LAKERS - GRIFFIN FIELD
54 Begg Park Dr., Kalispell, MT 59901

Players will receive specialized instruction in:
HITTING - INFIELD PLAY - OUTFIELD PLAY - BASERUNNING

AGES 8 and up: 9:00 AM - 1:00 PM

COST: \$50

Visit www.kalispelllakers.org for registration details.
Please email Ryan Malmin at rsmalmin@hotmail.com with any questions.

NOT AFFILIATED WITH MAJOR LEAGUE BASEBALL

Liability Release Form

Flathead Valley Baseball Camp

Participant's Name _____

I understand that participation in the above Activity or Event may be hazardous for the above-named participant.

In signing below, I assume risk of harm or injury which may occur to the participant as a result of participating in the above-named event or activity. I hereby release the **Flathead Valley Baseball Camp** and its coaches, employees, agents, and representatives from any liability, costs and damages resulting from this individual's participation.

If the participant is a minor:

I agree that the minor has my consent to participate in the event or activity.

I also give my consent for the business or organization to seek emergency treatment for the minor if necessary, and I agree to accept financial responsibility for the costs related to this emergency treatment.

_____/_____/_____

Participant's Signature/Date/ Date of Birth

Name of Parent or Guardian

_____/_____/_____

Signature of Parent/Guardian/Date

Liability Release Form

Kalispell Lakers

Participant's Name _____

I understand that participation in the above Activity or Event may be hazardous for the above-named participant.

In signing below, I assume risk of harm or injury which may occur to the participant as a result of participating in the above-named event or activity. I hereby release the **Kalispell Lakers** and its coaches, employees, agents, and representatives from any liability, costs and damages resulting from this individual's participation.

If the participant is a minor:

I agree that the minor has my consent to participate in the event or activity.

I also give my consent for the business or organization to seek emergency treatment for the minor if necessary, and I agree to accept financial responsibility for the costs related to this emergency treatment.

_____/_____/_____

Participant's Signature/Date/ Date of Birth

Name of Parent or Guardian

_____/_____/_____

Signature of Parent/Guardian/Date

TUESDAY, JULY 10, 2018

PLAYER INFORMATION SHEET

PLAYER'S FULL NAME _____

SCHOOL _____

SUMMER TEAM _____

AGE _____

SHIRT SIZE: ___ YOUTH-LARGE ___ YOUTH-MED

___ ADULT-SM ___ ADULT-MED ___ ADULT-LG

PRIMARY POSITION _____

SECONDARY POSITION(S) _____

BATS _____ THROWS _____

ADDRESS _____

CITY _____

STATE _____ ZIP _____

HOME PHONE _____

CELL PHONE _____

EMAIL _____

PARENT'S NAMES _____

PLEASE MAIL REGISTRATION, WAIVERS &

CHECK TO:

JESSE MCFARLAND

FLATHEAD VALLEY BASEBALL CAMP

836 3RD AVENUE WEST

KALISPELL, MT 59901