

# EASTVIEW WINTER BASEBALL CLINICS



## ATTENTION BASEBALL PLAYERS TRYOUT AGES 8 - 15

To help players work on their skills over the winter and stay sharp for tryouts next spring, EVAA Traveling Baseball and Eastview Thunder Baseball have joined forces with the 2012 Cooperstown Group to provide a comprehensive winter baseball clinic at the Rosemount Dome! **Participation is limited to the first 200 Registrants, with first preference going to players that live within the EVAA attendance area.** Registrants over 200 and those outside of the EVAA attendance area will be placed on a waiting list.

### Clinics will include:

- The entire Rosemount Dome with batting cages
- Sixteen - 1.5 hour sessions
- Batting instruction
- Fielding - groundball and fly ball instruction
- Pitching & Catcher instruction
- Proper throwing technique
- Age appropriate drills led by EVAA Traveling Baseball Coaches
- Tryout preparation drills

### Friday clinic dates:

11/4  
11/11  
11/18  
12/2  
12/9  
12/16  
1/6  
1/13  
1/20  
1/27  
2/3  
2/10  
2/17  
2/24—tryout prep  
3/9—tryout prep  
3/16—tryout prep

All sessions are from 8:30  
to 10 pm

**BRING YOUR OWN GLOVE, BAT  
& HELMET!**

**LAST YEAR'S CLINIC SOLD OUT  
QUICKLY! RESERVE YOUR SPOT BY  
electronically registering TODAY!**

(Bring both attached completed forms to 1st Clinic)

**Cost: \$220 for all 16 sessions**

Clinic Contact information:

Tim Brunner, 651-492-2869  
tbrunnermn@gmail.com

or

Dean Stockwell, 651-528-2050  
Dean.Stockwell@NTEnergy.com

Rosemount Dome  
is located at  
13901 South Robert Trail  
[www.irishsportsdome.com](http://www.irishsportsdome.com)

**To register:**

[http://www.eastview-evaa.org/  
Registration/Register.php](http://www.eastview-evaa.org/Registration/Register.php) and click on the  
Traveling Baseball Rosemount Dome Clinic  
button

*Lightning Baseball*

Clinics help support EVAA Traveling Baseball, Eastview Thunder Baseball and the 2012 Cooperstown Group.

## **RELEASE, WAIVER OF LIABILITY, ASSUMPTION OF RISK AND INDEMNIFICATION AGREEMENT**

**Name of Player:** \_\_\_\_\_

This agreement is entered into by the undersigned individual who is the above-named Player's parent or legal guardian and the Eastview Cooperstown Fundraiser Volunteers ("2012 Cooperstown Group", Eastview Athletic Association, including the Traveling Baseball Board (collectively hereafter "EVAA") and Thunder Baseball). The 2012 Cooperstown Group is not a corporation or legal entity. Rather, it is a group of volunteers conducting, administering and coaching baseball clinics to raise monies for a youth athletic trip. The 2012 Cooperstown Group expressly includes all individual, EVAA Traveling Baseball, and Thunder Baseball volunteers at any of the baseball clinics regardless of their level of involvement in the baseball clinics. The baseball clinics will include activities related directly or indirectly to the sport of fast-pitch baseball. In consideration for the 2012 Cooperstown Group conducting such clinics, and as a condition of player being permitted to engage in the clinics, the parent or legal guardian agrees as follows:

1. The undersigned parent/legal guardian understands and hereby acknowledges that the clinics involve the hazards and risks of baseball, which include serious injury, potentially resulting in permanent disability, paralysis or death. The undersigned is familiar with the risks and hazards associated with fast-pitch baseball.
2. The undersigned parent/legal guardian represents and agrees that their child/legal ward is in good health, is in good physical condition and is qualified to participate in the baseball clinics.
3. The undersigned parent/legal guardian represents and agrees that he/she is capable of determining whether conditions for participation in fast-pitch baseball activities are unsafe for their child/legal ward. The undersigned parent/legal guardian hereby assumes all responsibility for making such safety determinations, and that the parent/legal guardian will immediately withdraw their child/legal wards from any aspect of the baseball clinics which conditions the undersigned deem unsafe for their child/legal wards.
4. The undersigned hereby assumes all risk, of every kind, for the Player with respect to the baseball clinics. The undersigned on behalf of himself/herself and their child/legal ward hereby waives any claim against any and all of the 2012 Cooperstown Group, EVAA, Thunder Baseball and their assistants/members, and hereby releases all of the 2012 Cooperstown Group, EVAA, Thunder Baseball and their assistants/members, from any claims of ordinary negligence, of every kind and nature whatsoever, arising from or related to the Player's participation in the baseball clinics. The undersigned hereby agrees to hold harmless and indemnify all of the 2012 Cooperstown Group, EVAA, Thunder Baseball and their assistants/members from any claim or liability or from damages relating to the Player's participation in the baseball clinics.

The undersigned parent or legal guardian has read this unconditional release and waiver of liability, assumption of risk and indemnity agreement.

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Signature of Parent or Legal Guardian

# Irish Dome Player Waiver/Liability Release Form – Please Read Before Signing

I / We understand that the participant named below (hereafter, the “Participant”) has made application to be enrolled in an activity conducted at, sponsored by or involved in any way with the Irish Sports Dome (hereafter referred to as “Irish Dome”). The undersigned participant and or their parents or legal guardian acknowledge that:

- I / We understand that there are risks of personal injury associated with the participation in soccer training programs, events, and activities, which can result in temporary or permanent disabilities and severe personal loss and economic damages.
- I / We understand that the Irish Dome provides no pre-enrollment medical examination and takes no responsibility for monitoring and assessing the health and physical condition of the participant.

IN CONSIDERATION OF THE ACCEPTANCE OF THE PARTICIPANT’S APPLICATION / REGISTRATION TO ENROLL IN THE IRISH DOME’S PROGRAM, AND WITH THE KNOWLEDGE OF THE ASSOCIATED RISK TO THE PARTICIPANT, I / WE AGREE TO THE FOLLOWING.

- I / We consent to the participant enrolling in the Irish Dome’s program, and participating in the events and activities which constitute the program.
  - I / We will instruct the participant to review and carefully follow all of the Irish Domes guidelines, rules and procedures of safety while on the Irish Domes premises, whether or not the participant is engaged in training events or activities at the time.
  - I / We accept and assume full responsibility for consulting with a doctor about the training program required to participate in any event at Irish Dome, and hereby warrant, represent, and state that the participant named below is in good physical condition and that the participant has no disability, impairment, or ailment that would prevent him/her from participating in activities at Irish Dome in a manner consistent with his/her health, safety, comfort or physical condition. In the case of emergency, I / We grant permission for medical treatment to be given at a local hospital.
  - I / We accept and assume all risk and responsibility for accidents, illness, injury, death and/or damages, which may result from the Participant traveling to or from or participating in any of the events or activities at Irish Dome, and hereby waive, release and discharge the Irish Dome, its officers, directors, employees, and agents or anyone associated with the Irish Dome from any and all liability therefore
- I / WE HAVE READ THE FOREGOING AND UNDERSTAND THAT ITS TERMS INCLUDE MY / OUR CONSENT AND MY / OUR AGREEMENT TO TAKE CERTAIN ACTIONS, TO ASSUME CERTAIN RESPONSIBILITIES AND TO RELEASE THE IRISH DOME FROM CERTAIN LIABILITIES. I / WE SIGN IT VOLUNTARILY WITH FULL KNOWLEDGE OF ITS SIGNIFICANCE.

PRINT FULL NAME: \_\_\_\_\_ AGE GROUP (LEAGUE): \_\_\_\_\_

TEAM NAME: \_\_\_\_\_ COACH: \_\_\_\_\_

PARTICIPANTS HOME ADDRESS: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

EMAIL: \_\_\_\_\_

BIRTHDATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

IF UNDER 18 / PRINT PARENT OR LEGAL GUARDIAN’S NAME: \_\_\_\_\_

PARTICIPANT’S SIGNATURE (IF OVER 18): \_\_\_\_\_

PARENT OR LEGAL GUARDIAN’S SIGNATURE (IF UNDER 18): \_\_\_\_\_

DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

REVISION 1 (4/24/03)