



Players Edge Baseball & Softball Academy

FORM U

1160 Allanson Road • Mundelein, IL 60060 • 847-388-3545
www.playersedgebsa.com

Parent Name: _____
 Home Address: _____
 City: _____ State: _____ Zip: _____
 E-mail Address: _____
 Home Phone: _____ Cell Phone: _____ Office Phone: _____

Player Name	Age	Birthday	Skill Level (check one)		
			Beginner	Intermediate	Advanced

WAIVER AND RELEASE

I hereby represent and warrant that I am the parent and/or legal guardian of, _____, a minor ("Participant"), hereby authorize the staff of Players Edge Baseball & Softball Academy and Full Count Enterprises – Mundelein LLC (collectively Players Edge), its coaches and administrators, to act on my behalf, in accordance with the best judgment of said coaches and administrators in any emergency requiring medical attention for the Participant. In connection therewith, I further represent and warrant that I have no knowledge of any physical impairment that would keep Participant from participating in any of the Players Edge programs at any and all Players Edge program locations.

In consideration of Players Edge considering and processing my application for Member to participate in the Players Edge programs, and potentially permitting said Member to participate in same, I, as the parent and/or legal guardian of the Member, hereby waive, release, and discharge the Players Edge and its officers, directors, employees, and agents (collectively "Representatives") from any and all liability in connection with the death, disability, personal injury, property damage, property theft, or any action of any kind whatsoever which may occur to said Member arising out of or in connection with his or her participation in any of the Players Edge programs, including, but not limited to, travel back and forth to such programs. In addition thereto, I further hereby agree to indemnify and hold harmless the Players Edge and its Representatives from any and all liabilities or claims made whatsoever which arise out of or are in connection with the Member's participation in the Players Edge programs.

Further, on behalf of the Member, I hereby irrevocably authorize Players Edge, its successors and assigns, and anyone authorized by any of them, the right to copyright, reproduce, publish and otherwise use anywhere in the world forever hereafter, any or all photographs, drawings, likenesses, characterizations, or other resemblances of the Member, however altered, or modified, with or without all or any part of the Member's name, signature, voice, and biographical data concerning the Member, either alone or as part of, or in conjunction with, any resemblances of any real or imaginary persons, figures, places or things, or of any design or drawings of any kind or character, for any and all purposes, including, but not limited to, purposes of advertising, publicity and trade, without territorial, time, use or other limitations.

PARENT/LEGAL GUARDIAN

Date: _____/_____/_____ (MM/DD/YYYY)

Print Name: _____

Signature: _____

Terms & Conditions:

1. 24 hours notice is required when canceling a lesson or batting cage time. You will be charged for the activity if you fail to do so.
2. Prices are subject to change at any time and without notice.
3. Payment is due prior to the start of lessons, clinics, batting cages time, etc.
4. Lessons are non-transferable or refundable.
5. Theft of product or training items will not be tolerated. Anyone caught stealing will automatically lose their privilege to use the facility. Participant(s) will be billed for the value of items stolen.
6. Good sportsmanship is expected at all times.

For Office Use Only:

Payment Type: Cash: _____ Check: _____ Credit Card: _____

Credit Card: Visa/MC/Disc Credit Card Number: _____ Exp. Date: _____

Total Billed: _____