

Starz of Tomorrow

Father/Son Clinic Registration Form

Saturday, April 27th, 11:00am

And then stay to watch the SCSU Huskies vs. NSU!

Joe Faber Field, “Home of the Huskies!” (weather permitting)

St. Cloud, MN

Name(s) and age(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parental Consent signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cost: $25.00 per parent child combination, preregistration

 $30.00 the day of the clinic

Make checks payable to “Starz of Tomorrow” and send to PO Box 2063, St. Cloud, MN 56302

 Or register online at: [www.StarzBaseballCamp.com](http://www.StarzBaseballCamp.com)

**Come join the baseball fun with the SCSU Huskies at the beautiful Joe Faber Field!**

*NO participants will be admitted to the “Starz of Tomorrow Baseball Clinic” without proof of Insurance Coverage. I/we hereby authorize any first aid, medication, medical treatment or surgery deemed necessary in case of an emergency. As a condition of my enrollment, the following disclaimer of liability must be signed and dated by the participants’ parent or legal guardian: The participant, in attending “Father/Son Clinic” does so at his/her own risk. The Starz of Tomorrow staff is not be liable for any damage arising from personal injury sustained by the participant during the Father/Son Baseball Clinic”. The participant and his /her parents assume full responsibility for any damage or injuries which may occur to the participant during the “Father/Son Baseball Clinic” and hereby exonerate and discharge, release and hold harmless the Starz of Tomorrow staff and all of its agents. I /we certify to the best of my/our knowledge, the participant is in good physical condition has no disease or injury or medical condition that would impair performance in activities participated in during the “Father/Son Baseball Clinic”*

*Parent or Guardian Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*