



Clearwater Threshers Baseball Camp
601 N Old Coachman Rd
Clearwater, FL 33765

Clearwater Threshers Baseball Camp

Camp Dates: June 11th-14th

Time: 9am-12:30pm

Cost: \$160 per child

Age: 6-13

ALL CAMPERS WILL RECEIVE:

- Instruction by professional Threshers baseball players and coaches, along with instructors from NextUp Baseball & Softball Academy
- Clearwater Threshers Baseball Camp T-shirt & Threshers Hat
- Opportunity to play in a state of the art ballpark
- Lunch every day from 12:00-12:20 p.m.
- Wednesday 10:30 a.m. Threshers game & ticket to Thursday 7:00 p.m. game

The Threshers Baseball Camp is instructed by Clearwater Threshers coaches and players, along with instructors from NextUp Baseball & Softball Academy. Campers are divided into groups based on age. All camp participants receive one on one attention in a group setting. A camp scrimmage is played the final day of camp after normal camp hours before the Threshers home game. (weather permitting)

HOW CAN MY CHILD JOIN?

Fill out the form below. If paying by check, please make payable to "Phillies Florida LLC" and send registration form, and waiver & release, in envelope to the above address. If paying by credit card you must bring credit card to Administration Office at Spectrum Field, M-F 9am-5pm. Deadline for Registration: June 6th.

For more information call Will at 727-712-4415

NAME: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

CHILD'S AGE: _____ **CHILD'S SHIRT SIZE:** _____

NAME OF PARENT/GUARDIAN: _____

PHONE NUMBER: _____

EMAIL: _____

Threshers Baseball Camp
Monday, June 11 - Thursday, June 14

Location: Spectrum Field

Time: 9:00am-12:30pm. You may drop off your child anytime **after 8:40am** and pick up **will be by 12:30pm**

Parking: Park in the Threshers Employee/Staff lot located on N Old Coachman Road, between the Spectrum Field and Carpenter Complex entrances.

Drop off: After parking in the lot, go down the stairs past the half field and enter the glass door way. There will be a sign on the door way and in the hallway to help you find your way. Please drop off and pick up your child in the lunchroom each day.

Lunch: Lunch will be served at 12:00-12:20pm every day. Each day will be a different choice ranging from hot dogs, pizza, mini burgers and sandwiches.

T-shirts: Threshers camp T-shirts will be provided to every child on the 1st day of camp.

Items: **Please remember to bring a glove** to camp each day. We encourage the kids to bring their own bats and helmets but please make sure to have your name on it. It will be hot and the sun will be bright. We will provide sunscreen options but please apply it on your child before camp starts.

H2O: Water will be provided throughout the day. There will be several water stations set up and we will also have plenty of water at lunch.

Threshers Games: Included with camp is the Threshers 10:30 a.m. game on Wednesday, and one free ticket to the Thursday 7 p.m. game.

If you have any questions please call Will at 727-712-4415.

KEEP THIS PAGE FOR REFERENCE

Threshers Baseball Camp (the "Event")

WAIVER AND RELEASE

READ CAREFULLY-THIS CONTAINS A WAIVER AND RELEASE FROM LIABILITY

In consideration for my being permitted to participate in the Event at Spectrum Field.

1. Assumption of Risk. I understand the nature of the Event and I am able to safely participate in the Event. I am fully aware of the risks of unexpected injuries, damage or other loss that may result from my attendance at and participation in the Event. I freely assume all such risks including the risk of any negligence by other participants, Phillie Phanatic Florida LLC, any of the organizers or volunteers of the Event or any of the other Released Parties as defined below.

2. Liability Release and Promise Not to Sue. I hereby release from liability, waive any and all claims against, forever discharge and hold harmless Phillie Phanatic Florida LLC, The Phillie Phanatic, the City of Clearwater, Florida, and each of their respective affiliated companies or other organizations, volunteers associated with the Event, the organizers and sponsors of the Event and each of their respective officials, owners, partners, directors, officers, trustees, members, employees, representatives and agents, and the other participants in the Event (collectively, the "Released Parties") of and from any and all claims for injuries, disability, death, property damage, attorneys' fees or other loss of any kind or nature that may be sustained in connection with my attendance at or participation in the Event or any activity surrounding the Event even if based on the negligence of any Released Party. I further agree not to sue any of the Released Parties for any such claim.

3. Medical Treatment Special Power of Attorney. In connection with any injury I may sustain or other medical condition I may experience during my participation in or attendance at the Event, I hereby provide this Special Power of Attorney to Phillie Phanatic Florida LLC and The Phillie Phanatic during the time period of the Event for the purpose of authorizing any emergency first aid, medication, medical treatment or surgery deemed necessary by the attending medical/first aid personnel. I further authorize the attending medical/first aid personnel and/or an authorized representative of Phillie Phanatic Florida LLC or The Phillie Phanatic to execute on my behalf any permission forms, consents or other appropriate documents relating to medical attention for me and to act on my behalf if I am not able or immediately available to do so.

4. Publicity Release. I authorize Phillie Phanatic Florida LLC and/or the other parties involved with the Event to produce, reproduce, broadcast and otherwise use photographs, films, videotapes, recordings, digital images and other depictions, likenesses or images of me, my name and/or my voice, in any media form, worldwide, in connection with my attendance at or participation in the Event without compensation, for an unlimited duration and I release each such party from any and all liability in connection with it doing so.

I, intending to be legally bound, have carefully read and voluntarily agree to this Waiver and Release and I understand its full legal effect.

Participant's Signature: _____ Address: _____

Print Name: _____ Date: _____

Birth Date of Participant: _____

IF THE PERSON SIGNING ABOVE IS UNDER 18 YEARS OF AGE, THE FOLLOWING MUST BE COMPLETED:

I represent that I am over the age of 18 and a parent or guardian of the minor who has signed the above Waiver and Release. I, intending to be legally bound, do hereby agree that we both will be bound by the Waiver and Release.

Signature: _____ Address: _____

Print Name: _____ Date: _____

Relationship to Minor: Last