



**High School & Youth**  
**Indoor Baseball**  
Parent & Player Acknowledgement & Agreement Form  
(6/1/2011)

The Edge Sports Center, LLC  
 4450 Denrose Court  
 Fort Collins, CO 80524  
 (At Highway 14 & I-25)  
[www.edgesportscenter.com](http://www.edgesportscenter.com)  
[information@edgesportscenter.com](mailto:information@edgesportscenter.com)  
 970.472.0048

PSDN \_\_\_ PP \_\_\_ RvN \_\_\_ Rec \_\_\_ REF \_\_\_ Event \_\_\_  
 W/Ink \_\_\_ Internet \_\_\_ FCYG \_\_\_ LYG \_\_\_ GYG \_\_\_  
 /2011 / /  
 Date paid \_\_\_  
 Visa/MasterCard  
 Customer Number \_\_\_ Check # \_\_\_  
 Returning Customer \_\_\_ How Paid: Cash \_\_\_  
 New Customer \_\_\_  
 Amount Paid \_\_\_

PLAYER's FIRST NAME \_\_\_\_\_ PLAYER'S LAST NAME \_\_\_\_\_ FALL '11 GRADE \_\_\_\_\_

Baseball Activity: \_\_\_\_\_ Indoor League >>>>>>INDOOR Team Name \_\_\_\_\_  
 \_\_\_\_\_ Drop-in Program >>>>>>Name of Drop-in Program \_\_\_\_\_  
 \_\_\_\_\_ Practice/Cages >>>>>> Team Name \_\_\_\_\_  
 \_\_\_\_\_ Camp/Clinic >>>>>>Name of Camp/Clinic \_\_\_\_\_

Parent or Guardian's FIRST Name(s) \_\_\_\_\_ LAST Name (s) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Primary Phone \_\_\_\_\_ Parent or Guardian's Email Address \_\_\_\_\_

Check here if you do NOT want to receive periodic updates on upcoming baseball activities via regular mail  
 Check here if you do NOT want to received periodic updates on upcoming baseball activities via email

- I, the parent or legal guardian of the player named above, do hereby give my approval of his or her participation in High School or Youth Indoor Baseball activities at The Edge Sports Center, including, but not necessarily limited to: Batting Cages, Baseball Leagues, Baseball Practice, Drop-in Baseball Instruction, and Baseball Camps, Clinics and other forms of Baseball Instruction.
- I hereby give my consent for emergency medical care for the above-named player by the staff of The Edge Sports Center, LLC, or anyone else present, to ensure that the most immediate treatment can be obtained. This treatment may be given under whatever conditions are necessary in order to preserve the player's life and/or well-being.
- I hereby release and discharge and hold harmless The Edge Sports Center, LLC and its members, officers, agents, employees and any other persons or entities acting on their behalf against all claims, demands and causes of action relating to injury, illness, disability, death or other harm, to person, property, or both arising from participation of the above named player in Indoor Baseball activities at The Edge Sports Center.
- I am aware of and assume all risks and dangers incidental to and inherent in the game of Baseball, and in particular, the game of Baseball played, practiced, or learned indoors, including specifically, but not exclusively, the danger of being injured by baseballs thrown by pitching machines, players or coaches, baseball bats swung by players or coaches, contact with umpires, instructors, or other players, field equipment (e.g. bases, screens, fences), or facility structures, and hereby waive all claims against The Edge Sports Center, LLC and the aforementioned entities and individuals.
- I understand that I am solely responsible for any cost arising out of any bodily injury, property damage, and medical evacuation and rescue expenses sustained through the participation of the above named player in Indoor Baseball activities at The Edge Sports Center.
- I understand that The Edge Sports Center, LLC may require proof of age for any player and I agree to provide such proof. I understand that anyone found knowingly giving false information to The Edge Sports Center, LLC is subject to immediate removal from the activity associated with that information.
- I agree to abide by and uphold the rules and regulations of The Edge Sports Center, LLC. I understand that objectionable conduct or behavior, including, but not exclusively limited to, profane or abusive language, physical or verbal intimidation, or fighting, towards/with other players, referees, spectators, or the staff of The Edge Sports Center, LLC will not be tolerated and can lead to immediate removal of the player from the activity, removal of the player from the facility, and/or exclusion of the player from any and all future activities at The Edge Sports Center.
- Permission to use Photographs & Video Footage: I give my permission to The Edge Sports Center, LLC to use sports action or team photographs and/or video footage of the above named player in various Edge Sports Center, LLC marketing materials including, but not limited to, brochures, flyers, DVD's, guides, and the Edge Sports Center websites. I waive any claim to monetary compensation in any form from The Edge Sports Center for this usage.

I represent that I am the parent or legal guardian of the above named player and that I have read, understand, and agree to the above statements. Acknowledged and Agreed:

Signature \_\_\_\_\_ Printed Name \_\_\_\_\_ Date \_\_\_\_\_