



**NEW YORK METS BASEBALL ACADEMY REGISTRATION 2009**

**REGISTRATION FEE PER WEEK: \$295.00 AGES 6-12\***

**\*REGISTER AND PAY IN FULL; WITH ENVELOPE POSTMARKED BY 3/01/09 REGISTRATION FEE IS \$280.00.**

**PAYABLE TO: GREAT AMERICAN BASEBALL COMPANY**

**MAIL TO:**

**SYOSSET BASEBALL ASSOCIATION**

**PO BOX 302**

**SYOSSET, NEW YORK 11791**

**ATTN: NEW YORK METS ACADEMY**

**REGISTRATION IS FIRST COME, FIRST SERVE...REGISTRATION CUT-OFF DATE JUNE 1, 2009....YOUR CHECK WILL BE IMMEDIATELY DEPOSITED UPON RECEIPT. CONFIRMATION FROM THE NEW YORK METS BASEBALL ACADEMY WILL BE FORTHCOMING PRIOR TO THE START OF CAMP VIA E-MAIL.**

Player's Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_

Work Phone ( ) \_\_\_\_\_

Cell Phone ( ) \_\_\_\_\_

e-mail (REQUIRED) \_\_\_\_\_

**CHECK WEEK BELOW YOUR CHILD WILL BE ATTENDING**

**SHIRT SIZE..CHECK ONE ..Youth Large \_\_\_ Adult Small \_\_\_ Adult Medium \_\_\_ Adult Large \_\_\_ Adult X Large \_\_\_**

August 24-August 28, 2009 9:00am-3:00pm \_\_\_\_\_

I am a returning New York Mets Camp camper Yes \_\_\_\_\_ No \_\_\_\_\_

Parent's Name

Father \_\_\_\_\_ Mother \_\_\_\_\_

Player's Birth Date \_\_\_\_\_

Division playing in Syosset Baseball \_\_\_\_\_

**SEE REVERSE AND COMPLETE...WAIVER, RELEASE AND INDEMNIFICATION**

## WAIVER, RELEASE AND INDEMNIFICATION

The undersigned acknowledges that attendance at the New York Mets baseball academy (MBA) involves certain risks, and the undersigned assumes and accepts full responsibility for these risks. In consideration of being permitted to use the facilities, the undersigned agrees that neither the Great American Baseball Company, Sterling Mets, LP, the New York Mets, their affiliates, and their respective director, officers, employees, partners and agents (collectively, "Releasees") shall be liable on account of any claim arising out of property damage personal injury, illness or death suffered by the undersigned while at attendance at MBA.

For consideration aforesaid, the undersigned waives, releases, and discharges any and all claims, whether anticipated or unanticipated, including without limitation claims based on acts of the Releasees, which the undersigned or the heirs, executors, administrators, or assigns of the undersigned might have against any of such persons on account of any property damage or personal injury, illness or death suffered by the undersigned in connection with or related to the Releasees. The undersigned releases, indemnifies and holds harmless the Releasees from and against any and all claims asserted by the undersigned or any such third person on account of any such property damages or personal injury, illness or death caused or incurred by the undersigned.

The undersigned authorizes the physicians and staff of the hospitals closest to the ballpark to treat injury or illness for my child's most advantageous welfare. The undersigned also authorizes the staff to act for my child any emergency that requires medical attention. The undersigned hereby waives and releases the Releasees from responsibility for any injury or illness my child incurs while at camp.

\*Players must submit a medical note from their own doctor stating they can participate in the Academy. Medical note must accompany registration or be provided upon commencement of program.

Cancellation Policy: Due to limited enrollment availability at each location, cash refunds will only be issued if notice of cancellation is received sooner than thirty days prior to camp commencement (Administrative Fee \$75). Notices received later than 30 days prior to camp commencement will be entitled to a full session credit towards another location in the 2009 season or any session in the 2010 season.

Date \_\_\_\_\_ Player Signature \_\_\_\_\_

Parents Name \_\_\_\_\_ Parents Signature \_\_\_\_\_