



THE GREAT AMERICAN BASEBALL COMPANY
CAMP REGISTRATION 2010

REGISTRATION FEE PER WEEK: \$285.00 AGES 6-12*

***REGISTER AND PAY IN FULL; WITH ENVELOPE POSTMARKED BY 3/01/10 REGISTRATION FEE IS \$275.00.**

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, 2010....YOUR CHECK WILL BE IMMEDIATELY DEPOSITED UPON RECEIPT. CONFIRMATION FROM THE GREAT AMERICAN BASEBALL COMPANY 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 23-August 27, 2010 9:00am-3:00pm _____

I am a returning New York Mets/Great American Baseball Company 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 Great American Baseball Company (GAB) 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, 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 GAB.

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 camp. 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 2010 season or any session in the 2011 season.

Date _____ Player Signature _____

Parents Name _____ Parents Signature _____