

# Platteview High School/Springfield Legion Baseball Camp



When: June 11 and 12

From: 10:30- 12:30

Where: Buffalo Park

For: 4th-8th Grade(present year)

Cost: \$40 Cost includes t-shirt and lunch on Wednesday.

Each camper is invited to attend the Jr/Sr Legion game on Tuesday, June 11th. The kids will be announced and stand along side a legion player during the National Anthem. Please indicate whether your son will be at the 5:30 Jr game\_\_\_\_\_ or the 8:00 Sr game\_\_\_\_\_

Points of emphasis: Base running, Bunting, Hitting, Throwing and Fielding. We will stress both the physical and mental side of each point.

Name\_\_\_\_\_ Age\_\_\_\_\_

T-Shirt size: (Youth or Adult) SM, Med, LG, XL, XXL

Please return to: Jim Lynam      Please return by Saturday, June 1  
929 Edgewood Blvd  
Papillion, NE 68046

Please sign and return the attached waiver.

Parent Name and cell number\_\_\_\_\_

Cell number will be used to send weather update, if necessary.

Contact Jim Lynam at [jel59@aol.com](mailto:jel59@aol.com) for more information.

Springfield Platteview Community Schools Camps and Clinics

ATHLETE RELEASE 2019

This form must be turned in at check-in for each athlete prior to participating in any SPCS Summer Camp.

Name of athlete: \_\_\_\_\_

Emergency contact name: \_\_\_\_\_

Emergency contact phone #: \_\_\_\_\_

\*It is highly suggested that the coach of each team have the insurance information for each athlete with them at camp in case of an emergency.

READ THIS DOCUMENT COMPLETELY BEFORE SIGNING. ITS EFFECT IS TO RELEASE THE SPRINGFIELD PLATTEVIEW COMMUNITY SCHOOLS AND CAMP STAFF FROM ANY LIABILITY RESULTING FROM YOUR PARTICIPATION IN THE ACTIVITIES DESCRIBED BELOW AND WAIVES ALL CLAIMS FOR DAMAGES OR LOSSES AGAINST THE SCHOOL DISTRICT AND CAMP STAFF.

RELEASE FROM RESPONSIBILITY, ASSUMPTION OF RISK AND WAIVER

In consideration of my being permitted by Springfield Platteview Community Schools to participate in our youth camp program, I, \_\_\_\_\_, exercising my own free choice to participate voluntarily in the above-named activities, and promising to take due care during such participation, hereby release and discharge, indemnify and hold harmless the Springfield Platteview Community Schools, and their officers, agents, employees, and any other persons or entities acting on their behalf, and the successors and assigns for any and all of the aforementioned persons and entities, against all claims, demands, and causes of action whatsoever, either in law or in equity, relating to injury, disability, death or other harm, to person or property or both, arising from my participation in and/or presence at the above-listed activities. I acknowledge that I am aware of any hazards and risks which may be associated with my participation in the above named activities and am unaware of any health issues that would preclude participation. I understand, accept, and assume those hazards and risks, and waive all claims against the Springfield Platteview Community Schools, and other persons as set forth above. I understand that I am solely responsible for any costs arising out of any bodily injury or property damage sustained through my participation in normal or unusual acts or conduct associated with the above named activities. After careful deliberation, I voluntarily give my consent and agree to this Release, Assumption of Risk and Waiver.

Signature of person whose printed name appears above: \_\_\_\_\_

Signature Date: \_\_\_\_\_

If student is under the age of 18, his or her parent or legal guardian must also sign.

I, (printed name) \_\_\_\_\_, am the parent or legal guardian of the student who has signed above. I have read and understand the provisions of this document, I consent to the student participating in the activities described above, and I fully enter into and agree to the above Release Form Responsibility, Assumption of Risk and Waiver.

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date

CONSENT FOR EMERGENCY TREATMENT

I authorize camp personnel to treat my child for any injury that may arise during the camp and/or obtain the appropriate medical treatment necessary to treat my child for any medical condition that may arise during camp. This may include authorizing the transport of my child to a hospital or medical care facility.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date