

# Baseball Catching Camp

at Plainfield South High School

**Saturday December 19th, 2009**  
**Grades 7-12 --- 2:00 to 5:00PM**  
**Plainfield South High School Field House**  
**Walk-Ins Welcome**  
**Cost \$50.00**

## Presented by:

**Greg Yersich, Former 6<sup>th</sup> Round Draft Choice Minnesota Twins**  
**Mike Aggen, Former Collegiate Catcher**  
**Kevin Lahvic, Former Driscoll Catholic and York High School Catching Coach**

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### Registration Form

**Proceeds benefit the Plainfield South Baseball program. Please make checks payable to Kevin Lahvic and send completed registration form and check to:**

**Attn: Phil Bodine**  
**Plainfield South High School**  
**7800 W. Caton Farm Rd.**  
**Plainfield IL 60586**

**Catcher's Name** \_\_\_\_\_ **Grade** \_\_\_\_\_

**Address** \_\_\_\_\_

**Phone** \_\_\_\_\_ **or** \_\_\_\_\_

#### Consent for Participation and Emergency Medical Treatment and Waiver

Please read this form carefully and be aware that participation in the athletic/activities program(s) for which your child (ward) is being registered entails, like participation in virtually all recreational activities, certain risks that cannot be entirely eliminated.

I hereby give my consent for my child (ward) to participate in the athletic/activities program(s). I recognize and acknowledge that there is a degree of risk that my child may sustain personal injury or damage to property in the course of partaking in such activities, and that District 202 High Schools cannot guarantee risk-free recreational experiences to program participants. I nonetheless desire to procure the benefits of recreation for my child (ward) and accordingly consent to his/her participation as described above.

I agree to emergency treatment by a physician of a hospital and I understand that District 202 High Schools do not cover participants for any type of medical costs.

I hereby fully release and discharge District 202 High Schools and their officers, agents, servants, and employees from any and all claims for injuries (including death), damage, or loss which I may have or which may accrue to me on account of my child's (ward's) participation in the program(s). I further agree to indemnify and hold harmless Plainfield Community Consolidated School District 202 and its officers, agents, servants, and employees from any and all claims and expenses (including attorney's fees), resulting from injuries (including death), damages, and losses sustained by me and arising in any way out of my child's (ward's) participation in said programs.

I/We have read the entire document, understand and agree to abide by its terms.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date