



**Orlando Hudson's Swing for the Stars Youth Baseball Clinic
Registration & Parental Consent Form***

Camper Name: _____ Grade: _____ Age: _____ Position: _____

Home Phone: _____ Emergency Phone #: _____

Street Address: _____ City, State, Zip: _____

Parent/Guardian Name: _____ Parent/Guardian Email Address: _____

Camper T-Shirt Size: S _____ M _____ L _____ XL _____

Please inform us of any medical conditions or food allergies: _____

Make checks payable to **The C.A.T.C.H. Foundation** and mail to:
Footprint Marketing
C/o The C.A.T.C.H. Foundation
P.O. Box 244186
Atlanta, GA 30324

***Pre-Registration Required – Walk Ups Not Accepted**

Agreement for the Swing for the Stars Youth Baseball Clinic: Where the word Foundation appears, it shall mean **The C.A.T.C.H. Foundation.**

TO PARENTS:

The two agreements below are designed primarily to protect our group members in the event that an emergency might require the immediate action parents would take if they were present. These agreements are, as a precaution, to provide the necessary emergency medical treatment or any other contingency that may arise from this activity. In the years the Foundation has been sponsoring campus activities, incidents of the type covered by these agreements have been negligible. However, parents would not wish their child to join a group under the auspices of an organization, which disregarded even the remotest contingency. We recommend that you read the provisions of this agreement carefully, and, if not fully understood, please consult with your attorney.



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RELEASE

I do willingly execute this release in consideration of the educational benefit to be derived by me from my participation in the Swing for the Stars Youth Baseball Clinic, a Foundation-sponsored activity. I hereby release from liability and hold the Foundation harmless from any and all claims and causes of action which might be brought by me or by my parents or dependents, for loss of property, personal injury or death sustained by me arising out of any travel or activity conducted by, or under the control of the Foundation. It is understood that Foundation, as used herein, shall include the employees, administrators, agents, and Board of Trustees of the Foundation.

I HEREBY APPROVE THE FOREGOING AGREEMENT AND JOIN IN THE FOREGOING RELEASE.

Signature of Parent or Guardian

PERMISSION FOR EMERGENCY TREATMENT

On rare occasions, an emergency requiring hospitalization, surgery, and/or other medical treatment develops. Since, in some countries/states, students under 18 years of age might not be administered anesthesia or operated upon without the written consent of a parent or guardian, we request that you as the parent(s) or guardian sign the following statement if the student/camper is under the age of 18. This is to prevent a dangerous delay should an emergency occur and we are unable to contact you.

In the event of injury to me/our child

Camper's Name Birth date _____
Month/Day/Year

I/We hereby authorize a Foundation representative to obtain and give consent to any medical treatment the representative deems necessary, including the administration of an anesthesia and surgery, and do hereby release the Foundation and the representative from any and all claims which may arise from the representative's obtaining and consenting to say medical treatment.

Signature of Parent or Guardian

Consent for Use of Photograph

The undersigned has consented to being photographed and the public release of those photos for program recognition.

Signature of Parent or Guardian (If minor, under age 18)