



Make your summer 2017 more fun with **Baseball Summer Day Camp** at

## **Northshore Sports Complex**

**June 27<sup>th</sup> through August 17<sup>th</sup>**

**Tuesday, Wednesday, and Thursdays**

**9:00am to 12:00pm**

**Come as often as you like during these 8 weeks (no camp on July 4<sup>th</sup>). Tuesdays and Wednesdays will be inside at Northshore Sports Complex working on baseball skills for all aspects of the game and various other sports including dodgeball, wiffleball, flag football, floor hockey and BUBBLE SOCCER and HUMAN FOOSBALL!!!**

**Thursdays will be held outdoors at Northshore Athletic Fields in Woodinville working on fielding skills and playing games.**

**Included in this camp is the popular Cody Webster Camp**

**Monday, July 10<sup>th</sup> through Thursday, July 13<sup>th</sup> at Northshore Athletic Fields.**

**Head Coach - Cody Webster:** For the past 25 years Cody has been coaching individuals and teams. For the past 5 years he has been coaching full time at Northshore Sports Complex. Cody is also the Director of the Pat Downs Foundation. As a member of the 1982 Little League World Series winning Kirkland National Little League team, Cody is known for his 280 foot home run, one of the longest in Little League World Series history, and striking out 26 batters in 12 innings earned him the MVP award. Cody is also a member of the Little League Hall of Fame. After little League, he continued playing baseball until an injury ended his college career.

This program is geared for boys of all levels ages 7 – 13 (league age in 2018).

**All this for only \$400 for the whole summer!**

Call (425) 485-3238 to register or email [nsc9@frontier.com](mailto:nsc9@frontier.com) for more information.

NORTHSHORE SPORTS COMPLEX, INC  
14220 NE 193<sup>rd</sup> Place  
Woodinville, Washington 98072  
(425) 485-3238

**REGISTRATION INFORMATION**

Name of Participant: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
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Name of Participant: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Parent's Name: \_\_\_\_\_ Email Address: \_\_\_\_\_

**MEDICAL AUTHORIZATION AND RELEASE**

In consideration of being allowed to participate in the activity or activities listed herein, the undersigned, on his or her behalf, and on the behalf of the participant(s) identified above, acknowledges and agrees to the following conditions:

I understand that like all physical activities, participation in sports activities carries with it a reasonable degree of risk and agree that neither Northshore Sports Complex, Inc., nor its officers, directors, operators, agents or instructors, may be held liable in any way for any occurrence in connection with my participation and/or the participation of any minor/child (listed above) in sports activities. On behalf of myself and any other participant(s) named above, I knowingly and freely assume all such risk, both known and unknown, including those that may arise out of the negligence of other participants, which may result in serious injury or death or other damages to the participant(s), me or my family, heirs or assigns. In consideration of being allowed to participate in such sports activities, I further personally assume all risks in connection therewith, whether foreseen or unforeseen, and further to save and hold harmless such corporation, its officers, directors, operators agents or instructors from any claim by the participant(s), me, my family, estate, heirs or assigns arising out of such participation. If any listed participant(s) is a minor/child, I represent that I am the parent or legal guardian of the participant(s) named above, or I have obtained permission from the parent/legal guardian of the participant(s) named above, to execute this Medical Authorization and Release. The participant(s) listed above have my express approval to participate in batting cage usage, bubble soccer, clinics, camps, parties, games, lessons or any other events organized by Northshore Sports Complex, Inc.

I request that in the event of my absence or incapacity, Northshore Sports Complex, Inc. has my permission to secure emergency medical attention for any above-named participant(s), including admittance to any hospital or medical facility for diagnosis and treatment. I request and authorize physicians, dentists, and staff, duly licensed as Doctors of Medicine or Doctors of Dentistry or other such licensed technicians or nurses, to perform and diagnostic procedures, treatment procedures, operative procedures and x-ray treatment of the participant(s). I have not been given a guarantee as to the results of examination or treatment. I authorize the hospital or medical facility to dispose of any specimen or tissue taken from the above-named participant(s).

**PHOTO RIGHTS RELEASE**

In consideration of being allowed to participate in activities at Northshore Sports Complex, Inc., and on behalf of myself and the listed participant(s), Northshore Sports Complex, Inc. is permitted to capture photographic or digital images or likenesses (herein collectively "Images") of myself and/or participant(s) while engaged in any activities at the Northshore Sports Complex, Inc. facility. Northshore Sports Complex, Inc. shall have full rights to use such Images for promotional purposes, including inclusion of the Images in any portfolio, brochure, or posting on any website owned or operated by Northshore Sports Complex, Inc. or any third party to whom Northshore Sports Complex, Inc. grants a right to use such images. If any listed participant(s) is a minor/child, I represent that I am the parent or legal guardian of the participant(s) named above, or I have obtained permission from the parent/legal guardian of the participant(s) named above, to execute this Release.

I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THIS IS A RELEASE OF LIABILITY, AND PHOTO RIGHTS, AND A CONTRACT BETWEEN NORTHSHORE SPORTS COMPLEX, INC AND ME, AND I HAVE SIGNED IT OF MY OWN FREE WILL.

SIGNED: \_\_\_\_\_ DATED: \_\_\_\_\_