

# Middleton Baseball Softball Commission

## 29th Annual Instructional Clinic 2021

**Dates:** Camp #1 April 25 3:00PM—5:00PM  
Camp #2 May 2 3:00PM—5:00PM  
**Rainout Date:** Camp #1 & #2 May 9 3:00PM---5:00PM

**Location:** Firefighter's Memorial Park on Airport Road, Middleton  
**Ages:** Grades 2nd—8<sup>th</sup>  
**Clinic Staff:** Cardinal Coaches and Players  
**Cost:** \$30.00 per camp (price includes camp T-shirt)

### MAKE CHECKS PAYABLE TO MIDDLETON BASEBALL/SOFTBALL COMMISSION (MBSC)

**Equipment:** Baseball Bat (if you have one), baseball cleats or tennis shoes, baseball cap, fielding glove (if you have one).

**Register:** Mail Completed Form To: MBSC Box 620823 Middleton, WI 53562

**Deadline** March 26, 2021 to ensure clinic shirt. Walk-ins accepted

**Walk-ins accepted. T-shirts may not be given to walk-in registrants based on t-shirt availability**

Name \_\_\_\_\_ School \_\_\_\_\_

Address \_\_\_\_\_ Grade Level \_\_\_\_\_

Parent/Guardian (name and phone #) \_\_\_\_\_

Parent/Guardian contact info (email) \_\_\_\_\_

**PLEASE CIRCLE or HIGHLIGHT SHIRT SIZE: Youth M L Adult S M L XL**

**PLEASE CIRCLE or HIGHLIGHT THE CAMP YOU WISH TO ATTEND:**

**Camp #1 (\$30) Camp #2 (\$30) Both Camps (\$60)**

I hereby give my permission for \_\_\_\_\_ to attend the Cardinal baseball clinic. I agree that in the event of injury or illness, the coaching staff and MBSC shall not be held responsible. I also give my permission for the staff to administer first-aid if necessary. Each participant will be responsible for his/her own insurance.

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

**\*\* Due to the COVID-19 Pandemic we are only allowing mail in registrations and checks. If we are not able to host the camp due to local guidelines, the checks will be shredded.**

**\*\* Camp capacity may be limited due to local COVID-19 restrictions and regulations**

# Middleton Baseball and Softball Commission (MBSC) COVID-19 Virus Player, Coach, Umpire and Volunteer Consent Form and Waiver

There is an unavoidable, inherent risk of contracting or transmitting the COVID-19 virus when participating in baseball or softball practices, games and related activities. If you sign this form, you are acknowledging that risk and waiving any potential liability against the MBSC. Accordingly, please read this form carefully before signing.

The COVID-19 virus is believed to have a long incubation period of up to two weeks during which time carriers of the virus may not show symptoms yet may still be contagious. As a result, it is impossible for MBSC to guarantee that a COVID-19 virus carrier is not present during MBSC baseball and softball activities.

While the CDC recommends social distancing of at least six (6) feet, this social distancing recommendation is not always possible during participation in baseball and softball activities.

**There is a risk of COVID-19 transmission when participating in baseball and softball activities. There is no way to eliminate this risk. All participants are playing at their own risk.**

**By signing this Form, you acknowledge that you understand the risk of COVID-19 transmission inherent in participating in baseball and softball and, nevertheless, desire to participate or have the child you are a parent or legal guardian of to participate in MBSC activities. Further, you waive any claims against the MBSC that may arise if you or your child contract COVID-19 when participating in baseball or softball activities through the MBSC, even if arising from the negligence of the releasees or others, and assume full responsibility for the participation of you or your child**

You further confirm that you will comply with any COVID-19 related safety protocols put in place by the MBSC.

You further confirm that you will not participate or have your player participate if you or your player is showing any of the following potential COVID-19 symptoms:

- Fever
- Dry Cough
- Sore Throat
- Shortness of Breath
- Muscle aches or pains
- Malaise (a general feeling of discomfort or illness)
- Headache
- Chills
- Loss of Sense of Taste or Smell

You further confirm that you will not participate or have your player participate if you or your player has tested positive for COVID-19 in the past 14 days nor awaiting test results, and have not knowingly been in close contact with anyone that has tested positive for COVID-19 in the past 14 days.

**I AND/OR OUR PLAYER, HAS READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDER, UNDERSTAND THAT OUR SELF AN/OR OUR PLAYER HAS GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.**

Date \_\_\_\_\_ Player/participant name \_\_\_\_\_

Parent/legal guardian name \_\_\_\_\_

Signature of Parent/legal guardian \_\_\_\_\_