

Hofstra University - 101 Oak Street – Hempstead, NY 11549 – Phone: 516-463-2267– Fax: 516-463-6114
 Email: ce-camps@hofstra.edu

Please print:

 Player's Last Name

 Player's First Name

 Date of Birth

 Age

 Street Name (Mailing Address)

 City

 State

 Zip

 Parent e-mail

***You will receive by email a registration confirmation and link to complete an online Medical History form to be completed by the parent/guardian before a player can participate.**

 Mother / Guardian

 Cell Number

 Primary Number

 Father / Guardian

 Cell Number

 Primary Number

 Emergency Contact Name

 Emergency Contact Number

 Name of Sibling(s) also registering

| New York Baseball Academy at Hofstra University - Ages: 7 – 17 Program Dates: 1/18, 1/19, 1/20 Tuition for Hitting and Position Instructional Clinic: \$260.00 Tuition for Hitting and Position Instructional Clinic with Pitching Option: \$299.00 | | | | |
|--|--|---|-----------------------|-----------------------|
| Check Box | Program | Times | Preferred Position #1 | Preferred Position #2 |
| <input type="checkbox"/> | Y8020: Hitting and Position Instructional Clinic (Ages 7-12) | 1/18 & 1/19 – 12 pm to 2 pm 1/20 - 9 am to 11 am | | |
| <input type="checkbox"/> | Y8021: Hitting and Position Instructional Clinic (Ages 13-17) | 1/18 & 1/19 – 2 pm to 4 pm 1/20 – 11 am to 1 pm | | |
| <input type="checkbox"/> | Y8022: Hitting and Position Instructional Clinic with Pitching Option (Ages 7-12) | 1/18 & 1/19 – 12 pm to 2 pm 1/20 - 9 am to 11 am | | |
| <input type="checkbox"/> | Y8023: Hitting and Position Instructional Clinic with Pitching Option (Ages 13-17) | 1/18 & 1/19 – 2 pm to 4 pm 1/20 – 11 am to 1 pm | | |

Payment Method

Payment Amount _____ Check # _____ Credit Card: Visa MasterCard American Express
 (Checks payable to Hofstra University)

Card Number _____ Card Expiration Date _____ Security Code _____

Name on Card _____

Billing Address _____

Signature _____

New York Baseball Academy Registration Agreement

By registering my child(ren) to attend New York Baseball Academy 2020 Clinic(s), I agree to the following terms and conditions:

- I am the parent or legal guardian of the child(ren) being registered.
- Full payment per clinic is due upon registration, paid by check or credit card, must accompany this registration form.
- We accept Visa, MasterCard, American Express, bank check, or money order. **Cash is never accepted.**
- Any cancellations for a clinic **MUST** be received in writing prior to the start.
- I hereby acknowledge that I, on behalf of my child, myself and my family, understand that risks are involved in Clinic and assume all risks incurred from my child's participation in Clinic.
- I understand and agree that my child will comply with the University's rules, standards and instructions. I understand that the University and its agents and employees have the right to enforce its standards and may at any time terminate my child's participation in Clinic for failure to maintain these standards or for any conduct which the University or its agents consider to be incompatible with the interest and welfare of the other participants or the University. I understand that I will not be entitled to any refund if my child's participation in Clinic is terminated as described in this paragraph.
- I understand that I am solely responsible for any and all expenses related to injuries and/or loss or damage of personal property incurred in connection with my child's participation in Clinic.
- In consideration of my child being allowed to participate in Clinic, on behalf of my child, myself and my family, I hereby release and agree to hold Hofstra University, its trustees, directors, officers, employees, servants, representatives and agents harmless from and against any and all claims, losses, damages, expenses (including attorneys' fees, and all court and litigation costs) and liability (including statutory liability), resulting from injury and/or death of any person or damage to or loss of any property arising out of or in any way connected with the Clinic and my child's participation therein.
- I agree that photographs, whether still or action, videos, film and/or motion pictures (hereinafter "Pictures"), and/or audio recordings ("Recordings"), may be taken of my child by or on behalf of Hofstra University and in connection with Clinic, and, without any compensation or further notification or approval by me or my child, grant to Hofstra University, its agents, employees, others working on Hofstra University's behalf ("Hofstra") the unlimited, perpetual, worldwide, unconditional and irrevocable right and license to use, distribute, publish, exhibit, digitize, broadcast, display, reproduce, make commercial use of and otherwise use directly or indirectly the Pictures, Recordings and/or my child's image, voice, likeness and/or video footage in any form, format or media ("Media"), for any purpose, including but not limited to advertising or trade or University-related activity in promoting or providing information about University and its educational and Summer Camp services and agree that all rights therein shall irrevocably, exclusively, unconditionally and perpetually belong to Hofstra University.
- I hereby agree on behalf of myself and on behalf of my child, to release and discharge Hofstra University, its officers, representatives, employees, agents, licensees, successors and assigns from any and all claims, demands or causes of action that I or my child may now have or may hereafter have for libel, defamation, invasion of privacy or right of publicity, infringement of copyright or violation of any other right arising out of or relating to any utilization of the Pictures, Recordings, or Media.

I have read and agree to the above:

X _____

REGISTRATION WILL NOT BE PROCESSED WITHOUT A SIGNATURE