

EARLY REGISTRATION

FREE BASEBALL CLINIC

RUN BY CHARLOTTE KNIGHTS PLAYERS

– Sunday, June 7th – 11:30 a.m. until 12:30 p.m. –
Charlotte Knights vs. SWB Yankees @ 2:15 p.m.
Knights Castle Fort Mill, SC

SPACE IS LIMITED!!

Clinic is free with paid admission to game. Everyone entering stadium must purchase a game ticket.

Season Ticket Holders and Kids Club Members may use pre-purchased ticket but must still complete registration form.

Child's Name: _____ Age: _____

Parent/Guardian Name: _____

Email: _____ (You will receive email confirmation)

Address: _____

City: _____ State: _____ Zip: _____

Emergency Phone #1: _____ Emergency Phone #2: _____

Please list any allergies your child has: _____

Additional Child Name: _____ Age: _____

Allergies: _____

We are offering a \$2 discount per ticket for all early registration. Tickets after June 1st will be \$11/per ticket.

Check one if applicable Kids Club Member Season Ticket Holder
Lower Level Reserved Game Tickets Sunday, June 7th = _____ x \$9 = _____

[tickets will be under child's name at will call]

TOTAL: \$ _____

Please Circle Method of Payment: CHECK (Knights Baseball LLC) VISA MASTER CARD
AMEX DISCOVER CARD

CARD # _____ EXP. DATE _____

SIGNATURE _____

Fax form back to 704-329-2155 (Be sure to include Medical Liability Release Form)

Mail completed form and liability release with payment to:
Community Relations Department
Attn: Baseball Clinic
2280 Deerfield Drive
Fort Mill, SC 29715

Questions?: Contact Nate Hill at 704-357-8071 ext. 2170 or NateH@charlotteknights.com

Knights Baseball LLC Medical Liability Release

I am submitting this Release with the understanding that it will be relied upon to determine my eligibility to participate in any "Event" at the Knights Stadium presented by the "Sponsor" and Knights Baseball LLC.

I hereby acknowledge, understand and agree that in taking part in the Event, there is a possibility of physical injury and that I am assuming the risk of such participation and have entered into this Event of my own free will, relying on my own judgment,. I further represent that I am physically fit and mentally capable of participation in the Event, have no medical conditions or limitations (such as, but not limited to, recurrent back problems, pregnancy, heart disease, allergies) which could limit or affect my participation in the Event, DO NOT PARTICIPATE.

I UNDERSTAND AND ACKNOWLEDGE AND HEREBY, FOR MYSELF, MY HEIRS, EXECUTORS AND ADMINISTRATORS, DO WAIVE AND RELEASE AND ALL RIGHTS CLAIMS, ACTIONS, SUITS, DEMANDS AND CAUSEES OF ACTION WHATSOEVER I MAY HAVE AGAINST THE SPONSOR AND/OR KNIGHTS BASEBALL LLC FOR ANY MATTER, INCLUDING DAMAGES (BODILY AND CLOTHING). LOSSES, ACCIDENTS OR INJURY, WHATSOEVER ARISING OUT OF PARTICIPATION IN THE EVENT.

Participants Name

Participants Name

Participants Name

Participants Name

Participants Name

Emergency Phone Number

Signature of parent/guardian if under 18 years of age

Today's Date