



**FORM Team Practice  
BUFFALO GROVE**

**Joy of the Game Baseball & Softball Academy**  
**1455 Busch Parkway • Buffalo Grove, IL • 847-850-5691**  
[www.joyofthegamebaseball.com](http://www.joyofthegamebaseball.com)

**Team Name/Age Level:**

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Last Name: \_\_\_\_\_  
First Name: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Office Phone: \_\_\_\_\_

Name	Age	Birthday	Skill Level (check one)		
			Beginner	Intermediate	Advanced

**WAIVER AND RELEASE**

I hereby represent and warrant that I am the parent and/or legal guardian of, \_\_\_\_\_, a minor ("Participant"), hereby authorize the staff of Joy of the Game Baseball & Softball Academy, Joy of the Game Inc. and Full Count Enterprises LLC (collectively Joy of the Game), its coaches and administrators, to act on my behalf, in accordance with the best judgment of said coaches and administrators in any emergency requiring medical attention for the Participant. In connection therewith, I further represent and warrant that I have no knowledge of any physical impairment that would keep Participant from participating in any of the Joy of the Game programs.

In consideration of Joy of the Game considering and processing my application for Participant to participate in the Joy of the Game programs, and potentially permitting said Participant to participate in same, I, as the parent and/or legal guardian of the Participant, hereby waive, release, and discharge the Joy of the Game and its officers, directors, employees, and agents (collectively "Representatives") from any and all liability in connection with the death, disability, personal injury, property damage, property theft, or any action of any kind whatsoever which may occur to said Participant arising out of or in connection with his or her participation in any of the Joy of the Game programs, including, but not limited to, travel back and forth to such programs. In addition thereto, I further hereby agree to indemnify and hold harmless the Joy of the Game and its Representatives from any and all liabilities or claims made whatsoever which arise out of or are in connection with the Participant's participation in the Joy of the Game programs.

Further, on behalf of the Participant, I hereby irrevocably authorize Joy of the Game, its successors and assigns, and anyone authorized by any of them, the right to copyright, reproduce, publish and otherwise use anywhere in the world forever hereafter, any or all photographs, drawings, likenesses, characterizations, or other resemblances of the Participant, however altered, or modified, with or without all or any part of the Participant's name, signature, voice, and biographical data concerning the Participant, either alone or as part of, or in conjunction with, any resemblances of any real or imaginary persons, figures, places or things, or of any design or drawings of any kind or character, for any and all purposes, including, but not limited to, purposes of advertising, publicity and trade, without territorial, time, use or other limitations.

**PARENT/LEGAL GUARDIAN**

Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ (MM/DD/YYYY) Drivers License Confirmed: \_\_\_\_\_

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

**Terms & Conditions:**

1. 24 hours notice is required when canceling a lesson or batting cage time. You will be charged for the activity if you fail to do so.
2. Prices are subject to change at any time and without notice.
3. Payment is due prior to the start of lessons, clinics, batting cages time, etc.
4. Theft of product or training items will not be tolerated. Anyone caught stealing will automatically lose their privilege to use the facility. Participant(s) will be billed for the value of items stolen.
5. Good sportsmanship is expected at all times.

**For Office Use Only:**

Payment Type:                      Cash: \_\_\_\_\_                      Check: \_\_\_\_\_                      Credit Card: \_\_\_\_\_

Credit Card: Visa/MC/Disc/AE                      Credit Card Number: \_\_\_\_\_                      Exp. Date: \_\_\_\_\_

Total Billed: \_\_\_\_\_