## MONTANA STATE UNIVERSITY-BILLINGS DEPARTMENT OF INTERCOLLEGIATE ATHLETICS CAMP, CLINIC, LEAGUE, TOURNAMENT, LESSONS, OR OTHER EVENT REGISTRATION FORM

## WELCOME TO YELLOWJACKET SPORTS CAMPS!

(PRE-REGISTER AND SAVE MONEY. ON-SITE REGISTRATION IS HIGHER).

Please provide the following detailed information and <u>mail</u> with your payment to:

Yellowjacket Sports Camps MSU-Billings (Athletics) 1500 University Drive Billings, MT 59101

(Signature of Parent if Participant is Under Age 18)

If you prefer to <u>deliver</u> your pre-registration and payment, you may deliver them to the Athletic Department in the Physical Education Building (gymnasium). Please call 406-657-2369 if you have any questions. Thank you.

Participant's Name:	Age:	Gender: <u>M</u> <u>F</u>	
D 4.37			
Mailing Address:			
City:	State:	Zip:	
Daytime Phone: ()	Other Phone: (	)	
E-Mail Address:			
Sports Camp, Clinic, League, Tournament, Lo	essons, or Event <u>Name</u> : Ye	llowjacket Baseball Clinic	
$(See\ website\ \underline{www.msubillings.edu/athletics/ca})$	mps or call 406-657-2369)		
Session (if any noted in camp brochure) or oth	ner identifier:		
<b>Event Code</b> (see camp website, brochure, or ca	all 406-657-2369):		
Payment Enclosed (Check Amount):	\$		
Charge my Visa <u>or</u> Mastercard (Circle one) Num			
Name on Card:	Expiration Date	Expiration Date (mo. & yr.):	
Signature for Credit Card Payment:			
IMPORTANT NOTES: (1) ALL PARTICIPANTS AND AT PARTICPATE BELOW.  (2) MSU-BILLINGS DOES NOT PROVIDE INSURANCE TO MUST AGREE TO PAY FOR AN INJURY THE CHILD MI AGREE TO PAY FOR AN INJURY THE CHILD MI Participation in individual and team sports activities is reasonably safe as long as or personal skill improvement, and competition experiences that can significantly improve muscular golf, softball, volleyball, baseball, cheerleading, or some other sport, it is extremely important you from participation in the any condition that might prevent you from participating safely or if you leader of your sports camp or event prior to your participation. By voluntarily deciding to particip compete in a safe and reasonable manner. If at any time you are uncertain of your physical condit been cleared to participate.  Although the likelihood is minimized if you participation in this camp or event include abrasions; contusions; stress fractures; broken bones; and head, neck, and spinal cord injuries invo such injuries can be greatly reduced.  By signing this form, you are acknowledging that you know, understand, and appre your sport or activity. In addition, by signing this form, you know, understand, and agree to accept acknowledge all of your questions, if any, have been answered to your satisfaction.	TO PAY FOR INJURIES SUSTAIN IGHT SUSTAIN.  IGHT SUSTAIN.  EEMENT TO PARTICIPATE  IUST BE SIGNED BY EACH PART  ertain guidelines are followed. Many sports and physical and cardiovascular (heart/lung) strength and endurance. I are healthy and physically fit in order to be prepared to p a have had any previous injuries or complications from attained in this event, you are affirmatively acknowledging that into or health status, you should not participate until you have possibility of injury when you place extra demands on to but are not necessarily limited to the following: blisters; olving paralysis and even death. However, if you exercise exciate the various risks associated with your specific sport	ED BY CAMP PARTICIPANTS. PARENTS  CICIPANT AND AT LEAST ONE PARENT).  activities offer varying levels of aerobic and anaerobic training, conditioning, Regardless of whether you compete in basketball, soccer, tennis, cross country, ractice and compete.  eletic participation, you are required to communicate that information to the tryou are both physically fit enough and skilled enough to train, practice, and ave communicated that information to your camp or event leader and you have the muscles, bones, joints, and ligaments in a training or competitive muscle strains; joint dislocations; ligament and joint sprains; joint soreness; care for your own safety and the safety of other participants, the likelihood of or activity. Furthermore, you agree to accept and assume those risks inherent to	
(Printed Name of Participant) (Sig	gnature of Participant)	(Date)	

(Date)