

BULLS/SOX ACADEMY LEAGUE, TOURNAMENT & SHOOTOUT REGISTRATION

Mail payment to: Bulls/Sox Academy
Attention: Daryl Thomas, 6200 River Bend Drive, Lisle IL 60532
Phone: 630-324-8235 • dthomas@bullssoxacademy.com



Coaches Information:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Number: (_____) _____ Work Number: (_____) _____

Email Address: _____

How Did You Hear About Us? _____

Team Name: _____

League / Tournament / Shootout: Gender (Circle One): Boys Girls

League / Tournament / Shootout: Level (Circle One): 4th 5th 6th 7th 8th Frosh/Soph Varsity

Please enter special requests here: (We can not guarantee these requests but will do our best to try to accommodate)

League: Season (Circle One): Winter (\$675) Spring (\$675) Fall (\$675)

Tournament (\$250) Start date: _____ Shootout (\$185) Start Date: _____

TOTAL DUE: \$ _____

Payment Method (circle one): Check Visa Mastercard Discover Amex

Credit Card /Check Number: _____ Expiration Date: _____

Verification Code: _____ Card Holder Signature: _____
(numeric code on back of card)

For Staff Use Only:
Transaction #: _____ Processed By: _____ Date: _____

REFUND/CANCELLATION POLICY:

Enclosed is the enrollment fee paid in full, for the above named student. I understand that my entire fee, less a 20% non-refundable processing fee will be refunded if such student cancels at least two weeks prior to the first day of camp. At any time after that date, I will receive a credit minus the 20% registration fee for future instruction. I further understand there will be no refund or credit for days unattended by student. The Chicago Bulls/White Sox Training Academy reserves the right to cancel any camp or decline any application. Permission is given to use my child's photo or endorsement for promotion.

WAIVER AND GENERAL RELEASE AND COVENANT NOT TO SUE:

As parent or legal guardian for the "Participant" I hereby give my consent to Participant's participation in the program to be held by the Bulls/Sox Academy. I acknowledge that participation in the program involves the risk of personal injury to Participant or others. Understanding that risk and in consideration of Participant being allowed to participate in the Program, I, on my own behalf and on behalf of Participant, Participant's heirs, administrators, executors, and assigns, hereby (i) fully release and discharge the Chicago Professional Sports Limited Partnership, Chicago Park District, Major League Baseball, Roclub Athletic Instruction, LLC, Chicago White Sox Ltd., Chisox Corporation and all of its and their respective officers, agents, employees, shareholders, and partners and representatives, and any and all of their respective subsidiaries or affiliates (the Releasees), from any and all claims, demands, liabilities, or causes of action of whatsoever kind or nature, in longevity or otherwise, which hereinafter may accrue against them and which in any way arise as a result of Participant's participation in the Program, regardless of whether based on fault or negligence of the Releasees, (ii) covenant not to sue any of the Releasees for any matter relating to Participant's participation in the Program, and (iii) indemnify, defend, and hold Releasees harmless from and against any and all losses, damages, costs or expenses (including attorneys' fees and other costs of defense) which any of them may sustain as a result of, or in connection with, Participant's participation in the Program. I have read this Waiver and General Release and Covenant Not to Sue and Refund/Cancellation Policy carefully and fully understand the contents. I am aware that this is an agreement not to sue the Releasees and constitutes a complete release of liability by me and by Participant in favor of the Releasees. I acknowledge that I am signing this document of my own free will, with full knowledge of the risks being assumed which include, without imitation, the risk of injury or death to Participant regardless of how it arises and even if it results from the negligence or fault of the Releasees.

Signature _____ Date _____