



2021 BASEBALL ACADEMY REGISTRATION

Attendee: _____

Age: _____ # of years in organized ball: _____

Parent(s) or Guardian: _____

Address: _____

City: _____ State: _____ Zip: _____

Work Phone: _____ Cell Phone: _____

E-mail: _____

Adult Shirt Sizes: S: _____ M: _____ L: _____ XL: _____

Child Shirt Sizes: M: _____ L: _____
select one

Academy Session \$125.00 (per child)

July 13-15 (Game tickets for July 15)

PAYMENT OPTIONS

_____ Cash

_____ Check (payable to South Bend Cubs)

_____ Credit Card (Visa, MasterCard, American Express, Discover)



Card Number: _____

Expiration Date: _____ CVC Code: _____

Mail To:
South Bend Cubs
Attn: Meijer Baseball Academy
501 W. South St.
South Bend, IN 46601

**** The South Bend Cubs will attempt to honor as many grouping requests as possible but due to the high number of Academy members, may not be able to accommodate all. Registration in the Baseball Academy is on a first come first serve basis. When a session is filled, no more applications will be accepted and a waiting list for that session will begin. ****

Meijer Baseball Academy Liability Waiver

The applicant, for and in consideration of the South Bend Cubs Baseball Academy accepting said Applicant, hereby release and discharge the South Bend Cubs, Swing-Batter-Swing LLC, the Chicago Cubs, Meijer Great Lakes Limited Partnership, the City of South Bend and the South Bend Parks Department, and their affiliates, representatives, employees, and agents from any and all claims, demands, actions, damages, causes of action, judgments, and suit of any kind (together referred to hereafter as "Claims") which may directly or indirectly arise out of or result from the Applicant's attendance and or participation in the Baseball Academy, and hereby agree to indemnify and hold harmless the South Bend Cubs, Swing-Batter-Swing LLC, the Chicago Cubs, Meijer Great Lakes Limited Partnership, the City of South Bend and the South Bend Parks Department, and their affiliates, representatives, employees, and agents against any and all claims related thereto.

COVID-19 is an extremely contagious disease that can lead to severe illness and death. An inherent risk of exposure to COVID-19 exists in any public place regardless of precautions that may be taken. By signing below, applicants (1) assume all risks associated with COVID-19 and other communicable diseases, and (2) will comply with health/safety policies of club and host venue owner/operator.

Academy Participate: _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Emergency Contact Person: _____

Emergency Phone Number(s): _____

Is your child allergic to any medication or insect stings?

Yes or No

If yes, please indicate in detail what it is: _____

Does your child have disabilities or taking any medication that we should know about?

If yes, please explain:
