



2026 Soccer Clinic Registration Form

Saturday, April 18th

Mail to Hickory Crawdads 2500 Clement Blvd NW Hickory, 28601 or drop off at Crawdads Front Office at L.P. Frans Stadium

Child's Name: _____ Age: _____

Address: _____

Parent's Name: _____

Phone #: _____

E-mail: _____

Emergency Contact: _____

Emergency Contact Phone #: _____

Payment (\$20): Cash Check Credit Card: MC/VISA/DSC

Credit Card #: Exp: CVC:

Please make checks payable to Hickory Crawdads Baseball Club

RELEASE OF LIABILITY -- READ BEFORE SIGNING

In consideration of being allowed to participate in any way with the Crawdads Soccer Clinic, to be hosted at L.P. Frans Stadium at Hickory, NC on April 18, 2026, its related events and activities, I, _____, the undersigned, acknowledge, appreciate, and agree that:

The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular skills, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,

I KNOWLEDGELY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and,

I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the Hickory Crawdads immediately; and,

I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS DBH Hickory LLC, the Hickory Crawdads, the Texas Rangers and its officers, agents and or/employees, the South Atlantic League and its officers, agents and or/employees, the City of Hickory and its officers, officials, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and lessors of premises used for the activity ("Releasees"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releasees, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES, to the fullest extent permitted by law.

Parent/Guardian's Signature

Date Signed

Emergency Phone # (s)