



2020 REDHAWKS KNOTHOLE GANG REGISTRATION FORM

(PLEASE COMPLETE ALL FIELDS BEFORE SUBMITTING)

CHILD'S NAME: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

CHILD'S DATE OF BIRTH: ____ / ____ / ____
MONTH DAY YEAR

EMAIL ADDRESS: _____

*ALL COMMUNICATION IS DONE VIA EMAIL - PLEASE PROVIDE AN ADDRESS THAT IS CHECKED REGULARLY

PAYMENT TYPE:
(PLEASE SELECT ONE)

CREDIT CARD

CHECK

PLEASE MAKE YOUR CHECK
OUT TO 'F-M REDHAWKS'.
PLEASE DO NOT SEND CASH

Card: (check one)	VISA	MC	Discover	AMEX
CC#	_____			
EXP (mm/yyyy):	___/___	CVC:	_____	
Name:	_____			
Signature:	_____			

MAIL OR DROP COMPLETED FORM WITH YOUR PAYMENT
OF \$20 (CHECK OR CREDIT CARD) TO:

2020 Knothole Gang
c/o Fargo-Moorhead RedHawks
1515 15th Ave N
Fargo, ND 58102

REGISTER BY NO LATER THAN JUNE 5, 2020.
COMPLETED FORMS CAN BE MAILED OR DROPPED OFF AT 1515 15th AVENUE N - FARGO, ND 58102

F-M REDHAWKS KNOTHOLE GANG ACTIVITIES AND BASEBALL CAMP WAIVER AND CONSENT FORM

I, THE UNDERSIGNED, HEREBY CERTIFY THAT I AM THE PARENT OR LEGAL GUARDIAN OF _____ (CHILD'S NAME). I HEREBY GIVE PERMISSION FOR THE CAMP STAFF TO SEEK DURING THE PERIOD OF THE CAMP, APPROPRIATE MEDICAL ATTENTION FOR MY CHILD, FOR THE MEDICAL ATTENTION TO BE GIVEN TO MY CHILD, AND FOR MY CHILD TO RECEIVE THE MEDICAL ATTENTION IN THE EVENT OF ACCIDENT, INJURY OR ILLNESS. I WILL BE RESPONSIBLE FOR ANY AND ALL COSTS OF MEDICAL ATTENTION AND TREATMENT.

I, THE UNDERSIGNED, UNDERSTAND THAT BASEBALL (SPORT) IS AN ACTIVE, PHYSICAL SPORT AND THAT INJURIES CAN OFTEN OCCUR DURING PARTICIPATION AT CAMP. I ALSO UNDERSTAND THAT THERE WILL BE MORE CAMPER THAN STAFF AT THE CAMP, AND THAT MY CHILD CANNOT RECEIVE INDIVIDUALIZED ATTENTION AND INDIVIDUALIZED SUPERVISION AT ALL TIMES. I HEREBY ACKNOWLEDGE THAT MY CHILD IS PHYSICALLY FIT AND MENTALLY CAPABLE OF PARTICIPATING IN PRACTICES, GAMES, AND ALL CAMP ACTIVITIES.

I WAIVE, RELEASE, AND FOREVER DISCHARGE THE REDHAWKS, "KNOTHOLE GANG" AND THE STAFFS, COACHES, PLAYERS, EMPLOYEES AND SPONSORS FROM ANY AND ALL LIABILITY CLAIMS, DEMANDS, ACTIONS, AND CAUSE OF ACTION WHATSOEVER ARISING OUT OF OR RELATED TO ANY LOSS, PERSONAL INJURY, OR PROPERTY DAMAGE THAT MAY BE SUSTAINED OR OCCUR DURING THE PARTICIPATION IN KNOTHOLE GANG ACTIVITIES OR WHILE AT THE CAMP.

I GIVE PERMISSION FOR THE REDHAWKS TO TAKE PHOTOGRAPHS OR VIDEO OF MY CHILD WHILE ENGAGED IN CAMP ACTIVITIES FOR THE SOLE PURPOSE OF ADVERTISING AND PUBLICITY, AND I UNDERSTAND THAT MY CHILD'S IDENTITY WILL REMAIN ANONYMOUS IN CONJUNCTION WITH ANY PHOTOGRAPH OR VIDEO USED IN MARKETING.

MY SIGNATURE BELOW INDICATES THAT I HAVE PROVIDED TRUE INFORMATION AND HAVE READ, UNDERSTAND AND AGREE TO ALL STATEMENTS ON THIS ENTIRE FORM AND ON ANY OTHER FORM REQUIRED BY THE REDHAWKS.

X _____
PARENT/LEGAL GUARDIAN SIGNATURE

PRINTED NAME

DATE