

Please Return This Form With Payment To:

# CHICAGO BULLS / WHITE SOX TRAINING ACADEMY

6200 River Bend Drive • Lisle IL • 60532 • (630) 324-8221

Or FAX To: (630) 324-8265 (baseball/fastpitch) or (630) 324-8268 (basketball)

Parent/Guardian Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Home Number: (\_\_\_\_) \_\_\_\_\_ Work Number: (\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_ Emer. Contact: \_\_\_\_\_ Emer. Contact Ph#: (\_\_\_\_) \_\_\_\_\_

VERY IMPORTANT!

Participant's First Name (Incl. Last Name If Different)	Program Code	Location Code	School	Sex	Age	Date of Birth	T-Shirt Size	Fee
						MM DD YY		
						MM DD YY		

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

Credit Card Number/Check Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Verification Code: \_\_\_\_\_ Card Holder Signature: \_\_\_\_\_ Total Amount: \$ \_\_\_\_\_

(3-digit code on back of card)

**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 Chicago Bulls/White Sox Training 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 Bulls Limited Partnership, and CBL Corporation, The National Basketball Association, and its team members, NBA Properties Inc., Benedictine University 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"), Roclab 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 limitation, 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: \_\_\_\_\_