

E -Ticket

RegisterMeFast.com

Thank you for purchasing tickets from REGISTERMEFAST.COM, the company providing Rich Maloney's Michigan Baseball Camps with their complete Registration solution.

**Your credit card statement will list:
"RegisterMeFast"**

as the company for this ticket purchase.

Bring this E-TICKET, or the CONFIRMATION CODE **#2087** with you for entry to the event. You may also be asked for your PHOTO ID. If you have provided us with an email address, a copy of this confirmation has been sent to you there.



N A G Y - 2 0 8 7 - 2 4 0

Confirmation Code

#2087

Nagy, Garrett

**Rich Maloney's Michigan Baseball Camp
December 27 - 28 Monday & Tuesday
12/27/2004 at 09:00:00**

Order Confirmation

Nagy, Garrett

211 Apple Blossom Ct., Whitmore Lake, MI 48189 Email:thenagys@chartermi.net

Confirmation Code: **#2087** You are Registrant # **240**

Order Date: 12/10/2004 @ 14:07:39 (Eastern)

Catching (Ages 8 to 05 Grads 9:00-11:30)

December 27 - 28 Monday & Tuesday

Rich Maloney's Michigan Baseball Camps

Event Date :12/27/2004

Payment Summary

DESCRIPTION	PRICE
Event Registration	140.00
Merchandise	0.00
Discounts	0.00
Donations	0.00
Convenience fee	7.70
Total (USD)	147.70

Billing Information

Paid By:

Brian Nagy
211 Apple Blossom Ct.
Whitmore Lake MI 48189
TRANSID: 0
Visa-*****8983 (Verisign)

ALL SALES ARE FINAL. No refunds or exchanges. In the event of a cancellation for which there is no rescheduled date, a refund for this ticket may be issued at the option of the management.

Order Details

Merchandise :

Discounts :

Donations :

Questions :

Birth date **02/03/1991**

Graduation Year **2009**

Player Position **C**

T-Shirt Size **Large**

Parent/Guardian Name **Brian Nagy**

Emergency Contact Phone number **734-277-3481**

Age? **13**

Organizer Message

Thank you for registering for RICH MALONEYS MICHIGAN BASEBALL CAMPS Remember the event date is shown in the order confirmation and the location is Univ of Michigan The Oosterbaan Indoor Football Bldg. Your contact for this event is Helen Nelson and the contact phone number is 734-647-4550, if you wish to email the contact email is: hjn@umich.edu.

Questions About This Event

Contact :Helen Nelson

Phone :734-647-4550

Website :hjn@umich.edu

URL :<http://www.baseball.registermefast.com>

Order Questions

Need Help With This Order?

Cathy Mowers - (734) 981-5899

cathy@RegisterMeFast.com

Forms - You Must Complete Prior To Event Start: (See Attached Forms)

Copyright©2004 Bondbase Corp, Inc. - All Rights Reserved.

Parental Consent and Release of Liability Agreement

Please read the following carefully before signing.

As the parent or guardian, I certify that _____ has my permission to participate in the _____ for the period of _____ to _____. (Name of Camp or Clinic)

I/We do hereby delegate to the above camp or clinic, its employees, clinicians, trainers, nurses or agents the authority to seek, obtain, and approve any medical care and treatment including, but not limited to, x-ray examination, anesthetic, medical, dental or surgical diagnosis, or treatment and medical care which is deemed advisable by, and is to be rendered under the general supervision of any physician or surgeon, for the above-named minor which, in their judgment, is necessary for the health and well-being of said minor during his/her participation in the above camp or clinic.

I/We assign payment to those medical vendors for all services that these same medical vendors may render. It is understood that this authorization is given in advance of any specific diagnosis, or treatment or medical care being required and is to serve as specific consent to any and all such diagnoses, treatment or hospital care which may be deemed advisable. I/We understand that I/we are responsible for any costs incurred that are not covered by insurance and we agree to hold the University of Michigan and above camp or clinic, its employees or agents harmless for any liability arising out of any good faith actions taken in and obtaining medical treatment for the above-named minor.

In consideration of the participant in the above camp or clinic, the undersigned parent/guardian hereby releases and holds harmless the Regents of the University of Michigan and its employees (hereinafter collectively referred to as "University") and (name of program) and its employees (hereinafter collectively referred to as "Program/Camp") from any and all liability occurring during the participation of the undersigned child _____. In particular, the undersigned parent/guardian acknowledges that he/she and such child will not hold the University or Program/Camp liable for any expenses, property damages, personal injuries and/or death sustained by such child while participating in the program/camp. Furthermore, the undersigned parent/guardian acknowledges that he/she has been, prior to the commencement of the above camp or clinic, is aware of and understands the risks involved in such activity, and is prepared to assume, on behalf of such child and himself/herself, all of such risks as his/her and the child's sole responsibility.

It is my understanding that said child will be subject to the rules and regulations of the University of Michigan and the above camp or clinic. I understand that any student found in possession of fireworks, explosives, any and all weapons, or is under the influence of alcohol or illegal drugs will be immediately expelled from the program/camp. I also understand that if my child repeatedly disobeys University or Program/Camp policies and regulations, he/she may be expelled from the program.

The terms and conditions of this Agreement shall be legally binding upon the undersigned parent/guardian and such child and his/her respective estate, representative and assigns.

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date

Child/Participant Signature

Date

HEALTH INSURANCE INFORMATION SHEET
EVERY PARTICIPANT MUST HAVE THIS ON FILE

Private insurance information must be provided, if applicable. If a participant does not have private health insurance, please be advised that, should a participant require medical attention, **you are responsible for paying any costs not covered by insurance.**

Participant Name _____ Participant's SS # _____

Participant's Address _____
Street City State Zip

Participant's Phone Number _____ Date of Birth _____

Insurance Company Name _____ Effective Date _____

Address of Insurance Company _____

Phone # of Insurance Company _____ Group # _____

Policyholder's Name _____ Policy # _____

Policyholder's Address _____
Street City State Zip

Relationship to Participant _____

Contract # _____ Employee # _____

Name and Phone # of Primary Care Physician:

I hereby authorize the release of any medical information that might be needed in connection with payment for medical services.

Participant Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

I request that payment under my medical insurance program be made directly to the provider on any bills for services rendered by that provider. I understand that I am financially responsible for fees not covered by this authorization.

Participant Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

Waiver of Liability, Release Assumption of Risk & Indemnity Agreement

For and in consideration of the undersigned participant's registration with Rich Maloney's Michigan Baseball Camps, LLC ("Camp") and being allowed to participate in Camp events and member activities, participant and the parent(s) or legal guardian(s) of participant waive, release and relinquish any and all claims for liability and cause(s) of action, including for personal injury, property damage or wrongful death occurring to participant or participant's parent(s) or legal guardian(s) arising out of participation in Camp events, the sport of baseball, and/or activities incidental thereto, whenever or however they occur and for such period said activities may continue, and by this agreement any such claims, rights, and causes of action that participant and/or participant's parent(s) or legal guardian(s) may have are hereby waived, released and relinquished, and participant and participant's parent(s)/guardian(s) do so on behalf of their heirs, executors, administrators and assigns.

Participant and participant's parent(s)/guardian(s) acknowledge, understand and assume all risks relating to baseball and activities incidental thereto, and understand that baseball and activities incidental thereto involve risks to participant's and participant's parent(s)/guardian(s) person including bodily injury, partial or total disability, paralysis and death, and damages which may arise therefrom and that we have full knowledge of said risks. These risks and dangers may be caused by the negligence of the participant, participant's parent(s)/guardian(s) or the negligence of others, including the Camp, its affiliates, members, event hosts, other participants, other parents and legal guardians, coaches, officials, sponsors, advertisers, owners and operators of the premises used to conduct any event and each of them, their officers, directors, agents and employees (collectively, "releasees"), and include risks arising from the conditions and use of baseball fields and related premises. I/We further acknowledge that there may be risks and dangers not known to us or not reasonably foreseeable at this time.

Participant and participant's parent(s)/guardian(s) acknowledge, understand and assume the risks, if any, arising from the conditions and use of baseball fields and related premises, whether as a participant or a spectator, including without limitation, the risk of being hit by a thrown or batted ball or a bat or other baseball object, the risk of being run into by another participant and the risk of tripping over baseball equipment. Participant and participant's parent(s)/guardian(s) further acknowledge and understand that included within the scope of this waiver and release is any cause of action (including any cause of action based on negligence) arising from the performance, or failure to perform, maintenance, inspection, supervision or control of said areas and for the failure to warn of dangerous conditions existing at said fields, for negligent selection of certain releasees, or negligent supervision or instruction by releasees.

Participant and participant's parent(s)/guardian(s) agree if any claim for personal injury or wrongful death is commenced against releasees, he/she shall defend, indemnify and save harmless from any and all claims or causes of action by whomever or wherever made or presented for his/her personal injuries, property damage or wrongful death.

Participant and participant's parent(s)/guardian(s) acknowledge that they have been provided and have read the above paragraphs and have not relied upon any representations of releasees, that they are fully advised of the potential dangers of baseball and understand these waivers and releases are necessary to allow amateur baseball to exist in its present form.

Participant Signature **Age** **Date Signed**

Participant Name (Print)

Parent or Guardian Signature **Age** **Date Signed**

Parent or Guardian Signature **Age** **Date Signed**