

# WORLD SERIES CHAMP

# CAMP

## FEATURING SCOTT PODSEDNIK

ORLAND PARK, IL  
LOCATION: Centennial Fields  
15600 West Ave.



To honor the **10 year anniversary** of the Chicago White Sox epic run to the 2005 World Series title, the Bulls/Sox Academy and World Series hero, **Scott Podsednik**, are teaming up for a fun, one day, three hour, White Sox World Series Champ Camp. This camp is designed for players ages 8-17 with an emphasis on individual fundamental skill work including hitting, throwing, fielding and base running. Players will be grouped by age and ability level.

**Each participant will receive** a souvenir t-shirt, an autograph/photo opportunity with Scotty Pod's and two ticket vouchers to the Saturday August 1, 2015 White Sox 6:10pm game versus the New York Yankees. The special game is honoring our favorite #22 with his very own Scott Podsednik World Series Moment Bobble- head giveaway to the first 20,000 fans.

Date: August 1<sup>st</sup> 2015

Ages: 8-17

Time: 9:00a-12:00p

Cost: \$150

Code: **5160**

**SIGN UP NOW!** Click code to register NOW!

OR REGISTER ONLINE  
@ [BullsSoxAcademy.com](http://BullsSoxAcademy.com)

Mail to: Bulls/Sox Academy  
6200 River Bend Drive · Lisle IL · 60532  
CALL [630] 324-8221 or fax to: [630] 324-8268

DREAM IT. TRAIN IT.  
**BE IT.**

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Number: (\_\_\_\_\_) \_\_\_\_\_ Work Number: (\_\_\_\_\_) \_\_\_\_\_

Email Address (Required for Camp Confirmations): \_\_\_\_\_

Emer. Contact: \_\_\_\_\_ Emer. Contact Phone: (\_\_\_\_\_) \_\_\_\_\_

Participant's First Name (include last name if different)	Program Code	Sex	Age	Date of Birth MM DD YY	T-Shirt Size*	Fee

Payment Method (circle one):      Check      Visa      Mastercard      Discover      Amex      \*Note: Not all programs include t-shirts

Credit Card #/Check Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Verification Code: \_\_\_\_\_ Card Holder Signature: \_\_\_\_\_ Total Amount: \_\_\_\_\_  
(3-digit code on back of card)

HOW DID YOU HEAR ABOUT US? \_\_\_\_\_

**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 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 Bulls/Sox 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 Park District, Major League Baseball, Roclath 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. Permission is given to use the Participant's photo, video or audio recording resulting from the Event or Youth Program for promotional purposes.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_