



# Dodger Winter Workout

Sundays 3:00  
Wednesdays 6:30pm  
November 3, 2013 – February 23, 2014  
U-Center (Old University High School)  
7<sup>th</sup> – 12<sup>th</sup> Grade

Club Spokane Dodgers 18U  
Head Coach Jeff Simmelink  
Founded 2001

Learn from the Dodger Coaches and training staff.

You will receive personalized training in hitting, throwing,  
fielding, pitching and catching.  
And a "Dodger Winter Workout" T-Shirt.

Wear gym attire, bring your bat and glove and be ready to learn!

Player Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Bats: \_\_\_\_\_ Throws: \_\_\_\_\_

Email: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Position: \_\_\_\_\_

Cost \$400. Payable to "Club Spokane Baseball"

To reserve your spot call or email:

Jeff Simmelink 509.928.1862 or [jeff.simmelink@itron.com](mailto:jeff.simmelink@itron.com)



# Club Spokane Dodgers

## Liability Waiver and Release

In consideration of being allowed to participate in any workout, game or other activity organized by the Club Spokane Dodgers or any other affiliated individual or entity (collectively, the “Baseball Parties”), the undersigned prospective player (“Player”) agrees to assume all risks incidental to such participation (including, without limitation, injury or loss to person or property).

Each of the undersigned hereby agrees to release and forever discharge each of the Baseball Parties from any and all liabilities, claims, actions, damages, costs or expenses of any nature whatsoever, whether in law or equity, known or unknown, that any of the undersigned ever had, now has or hereafter can, shall or may have against any of the Baseball Parties arising out of or in any way related, directly or indirectly, to Player’s participation in such Tryout.

Each of the undersigned parent(s) or guardian(s) of Player hereby agrees to indemnify and hold harmless each of the Baseball Parties from and against any and all liabilities, claims, actions, damages, costs or expenses of any nature whatsoever, whether in law or equity, known or unknown, incurred by any of the Baseball Parties and arising out of or in any way related, directly or indirectly, to Player’s participation in such tryout, workout or other activity. Each of the undersigned parent(s) or guardian(s) of Player hereby ratifies Player’s execution of this waiver and release form.

At least one parent or guardian of Player must sign this form if Player is under the age of 21, in order for Player to participate in any workout.

Player Signature: \_\_\_\_\_

Player Name (printed): \_\_\_\_\_

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

Player’s Date of Birth: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Name (printed): \_\_\_\_\_

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

Parent/Guardian Signature: \_\_\_\_\_

Name (printed): \_\_\_\_\_

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



# Club Spokane Dodgers

## Authorization to Consent to Medical Treatment

The undersigned parent or guardian of (print player's name)

\_\_\_\_\_, authorizes Club Spokane Dodgers coaches or staff in an emergency situation to consent to any x-ray examination, laboratory test, anesthetic, medical or surgical procedure, or hospital care required by him/her while in their custody, and for which the undersigned parent or guardian is unable to be reached to provide consent.

**Such care must be recommended by and performed under the supervision of a physician licensed to practice medicine in the state in which they are practicing.**

You are also authorized to release (print player's name)

\_\_\_\_\_ to the custody of Club Spokane Dodgers coaches or staff upon completion of the medical care. This authorization shall remain valid from Nov. 1, 2013 to December 31, 2014.

### **The following information is relevant to my son's health:**

Allergies: \_\_\_\_\_

Medications: \_\_\_\_\_

Immunizations: \_\_\_\_\_

Physician: \_\_\_\_\_

Phone: Day: \_\_\_\_\_ Evening: \_\_\_\_\_

### **Insurance Information:**

Carrier: \_\_\_\_\_

Subscriber #: \_\_\_\_\_

Group #: \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Parent or Guardian

\_\_\_\_\_  
Phone



# 2014 Club Spokane Dodgers

## Winter Schedule

<b>Date</b>	<b>Time</b>	<b>Event</b>	<b>Location</b>
11/3/13	3:00pm	Winter Workout	University Center
11/6/13	6:30pm	Winter Workout	University Center
11/10/13	3:00pm	Winter Workout	University Center
11/13/13	6:30pm	Winter Workout	University Center
11/17/13	3:00pm	Winter Workout	University Center
11/20/13	6:30pm	Winter Workout	University Center
11/24/13	3:00pm	Winter Workout	University Center
11/27/13	Off-day (Thanksgiving)		
12/1/13	Off-day (Thanksgiving)		
12/4/13	6:30pm	Winter Workout	University Center
12/8/13	3:00pm	Winter Workout	University Center
12/11/13	6:30pm	Winter Workout	University Center
12/14/13	10a/2p	APX Performance Clinic	APX, 203 E. Sprague Ave, Spokane, WA
12/15/13	10a/2p	APX Performance Clinic	APX, 203 E. Sprague Ave, Spokane, WA
12/18/13	6:30pm	Winter Workout	University Center
12/22/13	3:00pm	Winter Workout	University Center
12/25/13	Off-day (Christmas)		
12/29/13	Off-day (New Years)		
1/1/14	Off-day (New Years)		
1/5/14	3:00pm	Winter Workout	University Center
1/8/14	6:30pm	Winter Workout	University Center
1/12/14	3:00pm	Winter Workout	University Center
1/15/14	6:30pm	Winter Workout	University Center
1/19/14	3:00pm	Winter Workout	University Center
1/22/14	6:30pm	Winter Workout	University Center
1/26/14	3:00pm	Winter Workout	University Center
1/29/14	6:30pm	Winter Workout	University Center
2/2/14	Off-day (Superbowl)		
2/5/14	6:30pm	Winter Workout	University Center
2/9/14	3:00pm	Winter Workout	University Center
2/12/14	6:30pm	Winter Workout	University Center
2/16/14	3:00pm	Winter Workout	University Center
2/19/14	6:30pm	Winter Workout	University Center
2/23/14	3:00pm	Winter Workout	University Center