

# Vancleave Youth Baseball Camp

## Registration Form - cost for camp is \$20 per child

Name of Player #1: \_\_\_\_\_

Date of Birth for Player #1: \_\_\_\_\_ Age: \_\_\_\_\_

Name of Player #2: \_\_\_\_\_

Date of Birth for Player #2: \_\_\_\_\_ Age: \_\_\_\_\_

Name of Player #3: \_\_\_\_\_

Date of Birth for Player #3: \_\_\_\_\_ Age: \_\_\_\_\_

Parent(s) Name & Cell Phone: \_\_\_\_\_

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

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

## Waiver and Release from Liability Form

We, the undersigned parents of \_\_\_\_\_, \_\_\_\_\_ and \_\_\_\_\_, agree that the coaches, counselors, organizers and township baseball board members shall in no way be responsible for any injuries suffered by him/her while engaged in this camp sponsored by the Vancleave Youth Baseball League. Further, we hereby release the aforesaid of and from any and all liability for such injuries.

## Medical Information

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

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

\*Medical Conditions: \_\_\_\_\_

## Consent for Treatment

I hereby give my consent to have the above applicant treated by emergency medical personnel, a physician, or surgeon, in case of sudden illness or injury while participating in the above activity. It is understood that Vancleave Youth Baseball League will provide no medical insurance for such treatment, and that the cost thereof will be at my expense. I have read and understood the foregoing registration liability release and parental consent form and agree to all of its terms and conditions.

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

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

Total Amount Due: \$

Paid By: \_\_\_\_\_ Check or Cash