

# Elite Baseball Camps Registration Form

Date & Location of camp you are registering for: \_\_\_\_\_

## Participant Information:

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

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

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Parent/Guardian: \_\_\_\_\_

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

Emergency Contact: \_\_\_\_\_

Emergency Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Ht: \_\_\_\_\_ Wt: \_\_\_\_\_

Bat: (R/L/S): \_\_\_\_\_ Throws (R/L): \_\_\_\_\_ Primary Position: \_\_\_\_\_

Secondary Position: \_\_\_\_\_ School: \_\_\_\_\_

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

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

## Release Form:

I hereby certify that \_\_\_\_\_

is physically fit to attend and participate in Elite Baseball Camp, and know of no impairments that would limit his/her participation in all activities of the camp.

If I am accepted, I will conform to the regulations of the Elite Baseball Camp rules.

**Camper Signature:** \_\_\_\_\_

I \_\_\_\_\_, hereby authorize the staff of Elite Baseball Camp to act for me according to their best judgment in any emergency requiring medical attention. I hereby release the said camp from any and all liability for any injuries incurred while at the camp.

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

Mail application & payment to:

Elite Baseball Camp

4670 E. Maywood Rd.

Fayetteville, AR 72703

(Make checks payable to: Elite Baseball Camp)