

CAMP REGISTRATION FORM

Name: _____ Age: _____ Date of Birth: _____
Address: _____ City: _____ State: _____ Zip: _____
Telephone: _____ Cell Phone: _____
Parent/Guardian Name: _____ Email: _____
Emergency Contact Number: _____

Camp Information

Baseball: ___ Softball: ___ T-Shirt Size: _____
Location: _____ Dates: _____ Price: _____
Location: _____ Dates: _____ Price: _____
Location: _____ Dates: _____ Price: _____
Location: _____ Dates: _____ Price: _____
Location: _____ Dates: _____ Price: _____
Total: _____ Deposit: _____ Balance: _____

Parental Authorization

I hereby authorize the staff at the Sandlot Academy to act in their best judgment in any emergency situation requiring medical attention. I agree to waive and release the Sandlot Academy and its staff from any and all liability for any injuries, losses or damages while attending a Sandlot Academy Clinic, Lesson, or Program. I further state that the participant listed above is physically able to participate in the above listed camp(s).

Signature Parent/Guardian: _____ Date: _____