



Vestavia Hills HS Baseball Youth Camp

Kindergarten – 3rd grade (17-18 school year)

Cost \$125 per player

Vestavia Hills High School Baseball Field

June 4-7

(8:00 am – 11:00 am)

Name _____ Age _____ Grade (Last Year) _____

School attending in 2018-19: _____ School attended last year: _____

Address _____

Home Phone # _____ Cell Phone # _____

Work Phone (Father) _____ (Mother) _____

Person to Contact Should Parents Be Unavailable: Name _____ Phone # _____

Make checks payable to “**VHHS Baseball**”

Send to: Jamie Harris
Head Baseball Coach
Vestavia Hills High School
2235 Lime Rock Road
Vestavia Hills, Alabama 35216

PARENTAL CONSENT AGREEMENT: The undersigned, being a parent or legal guardian of the young person requesting camp admittance, does hereby affirm that the applicant is in good health and suffers from no illness, disability, or condition that requires the taking of medication on a regular basis unless that condition is disclosed and approved. Furthermore, the undersigned has no knowledge of any reason the applicant cannot participate in vigorous physical activity.

I understand that as a condition of admittance as a camper, the undersigned, as parent and guardian, and on behalf of the applicant, hereby releases the staff of the camp from any and all liability from injury or illness, mental or physical, suffered by the camper during or related to camp, unless caused by willful act or gross negligence by the person or entity against whom the claim is made. We accept full responsibility for expenses accrued in diagnosis or treatment for any accident or illness. I hereby authorize the staff of the Vestavia Hills HS Baseball Camp to act according to their best judgment in any emergency medical situation.

This is the _____ day of _____, 2018

Applicant's Name _____

Parent's Signature _____