



## 2019 CAMPBELLSVILLE HIGH SCHOOL BASEBALL CAMP REGISTRATION

Participant's Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Age: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_

Phone #/Cell #: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_

Shirt Size Circle **ONE**:

Youth      S      M      LG      XL

Adult      S      M      LG      XL

I hereby approve my child's participation in the Campbellsville High School Baseball Camp 6/3/2019 – 6/5/2019. I certify that my child is in good health and able to participate without any limitations. In the event that a medical emergency occurs and I am not on the premises or cannot be contacted, I give my permission to secure medical attention. Also, I do hereby release Campbellsville High School, Campbellsville High School Baseball, its coaches, and camp instructors of all liabilities due to an illness or injury.

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