



# 2013 BUCKHEAD BASEBALL Summer Camp Registration Form

## CAMPER INFORMATION

_____		_____	
Last Name		First Name	
_____		_____	
Age as of 6/1/13	Date of Birth	T-Shirt Size	
_____			
Address			
_____			
_____		_____	_____
City		State	Zip Code
_____		_____	
Home Phone	Cell Phone	Work Phone	
_____		_____	
Parent(s) / Guardian(s) Names		Email Address	
_____		_____	
		<i>(All camp confirmations will be sent via email.)</i>	
_____		_____	
Alternate Contact Name		Alternate Contact's Phone	

## 2013 BUCKHEAD BASEBALL SUMMER CAMP DATES

Camps are open to ages 4-12 and run from 9:30 a.m. until 3:00 p.m. each day.

**Session 1:** Monday, July 22 – Friday, July 26

**Session 2:** Monday, July 29 – Friday, August 2

Please check the week(s) of attendance and mail completed registration forms along with payment of \$250 per player to: **Pitching for Excellence, LLC, P.O. Box 29277, Atlanta, GA 30359**

## CONDITIONS OF ATTENDANCE

In consideration of Pitching for Excellence, LLC allowing my child to attend, I, individually, and as legal guardian and/or parent of \_\_\_\_\_ (my child) do hereby release, indemnify, and hold harmless Pitching for Excellence, LLC and its owners, directors, officers, employees, agents, successors and assigns for and against, and waive any and all claims or liabilities for any injuries, losses, or damages including without limitations, injuries to my child, myself, and/or property, arising out of or incident to my child's participation in the Pitching for Excellence, LLC program whether caused in whole or in part by the negligent act(s) or omission(s) of its owners, directors, employees, or agents. I hereby authorize staff of Pitching for Excellence, LLC to act for me according to their best judgment in a medical emergency for my child.

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

\_\_\_\_\_  
Date

## INSURANCE INFORMATION

Policy Holder's Name \_\_\_\_\_

Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_

Medical Notes \_\_\_\_\_