



# 2013 DHYS/MEDLOCK PARK Baseball 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

*(All camp confirmations will be sent via email.)*

\_\_\_\_\_  
Alternate Contact Name

\_\_\_\_\_  
Alternate Contact's Phone

## 2013 DHYS/MEDLOCK PARK BASEBALL SUMMER CAMP DATES

Camps are open to ages 4-12 and run from 9:00 a.m. until 2:00 p.m. each day.

**Session 1:** Monday, June 10 – Friday, June 14

**Session 2:** Monday, June 17 – Friday, June 21

Please check the week(s) of attendance and mail completed registration forms along with payment of \$200 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 \_\_\_\_\_