

2015 WAYNE COUNTY YELLOW JACKET SUMMER BASEBALL CAMP



INFORMATION SECTION

NAME: _____ AGE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

HOME PHONE: _____

CELL PHONE: _____

EMERGENCY NUMBER: _____

PARENT NAME: _____

E-MAIL: _____

SHIRT SIZE: YS YM YL S M L XL

PARENTAL STATEMENT OF CONSENT FOR PARTICIPATION

In accordance with the rules and regulations of the Wayne County Baseball Instruction Clinic, I hereby give my full consent for the camper listed below to participate in the activities of this camp, to include specific sport activities and recreational activities conducted at the camp. The undersigned camper and parent/guardian understand that the camper will engage in physical activity during the program which contains an inherent risk of injury, and the undersigned assumes the risk, indemnities, and releases Wayne County Baseball Instruction Clinic, its officers, Directors, Agents and Employees from any and all liability for personal injury arising out of the campers participation in the Camp program. If at any time it is necessary for the camper to receive outside or professional medical attention, I hereby give my consent to secure the services and arrange transportation if deemed necessary. I am also aware that I will be responsible for all medical expenses resulting from sickness or any other non-camp related injury or illness.

(Parent/Guardian) PLEASE PRINT NAME

(Parent/Guardian) – Signature

(Campers Name) PLEASE PRINT NAME

(Insurance Company)

(Policy Number)

Please list any medical concerns that you feel the staff members should be aware of regarding the camper:
