

Archbishop Shaw Baseball
Camp Registration Form
June 15th – 17th

Camper Name: _____ DOB: ____ / ____ / ____ Age: ____
Gender: Male Female T-Shirt Size: _____
Mother's Name: _____ Cell: _____
Work: _____
Father's Name: _____ Cell: _____
Work: _____
Address: _____
City: _____ State: _____ Zip: _____

Please list any other siblings that will also attend the Baseball Summer Camp.
(Please make sure to have a separate registration form for each child.)

Camper Name: _____ Age: ____ T-Shirt Size: _____
Camper Name: _____ Age: ____ T-Shirt Size: _____
Camper Name: _____ Age: ____ T-Shirt Size: _____

Emergency Contact

Name: _____ Relation: _____ Number: _____
Name: _____ Relation: _____ Number: _____

Allergies and Medications:

List any and all allergies and special medical information below:

Parent/Guardian Release and Indemnity Agreement:

I hereby release the Archbishop Shaw High School, its Directors and employees from all claims on account of potential injuries which may be sustained by my son while attending the camp. I also certify that my son is medically fit to participate in your camp and grant permission for the Directors to act in their best judgment in any emergency requiring medical attention. I will furnish my own medical or dental insurance.

Parent/Guardian Signature: _____ Date: _____

(ALL fees must be paid in full by June 15th)

<u># of Children</u>	<u>Fee</u>
1	\$100
2	\$175
3	\$250

For Camp Use:

Date: _____ Payment: _____ Paid by: cash/check#: _____ Amount Due: _____
Date: _____ Payment: _____ Paid by: cash/check#: _____ Amount Due: _____