



2019 DHYS/MEDLOCK PARK All Skills Summer Baseball Camp

CAMPER INFORMATION

Last Name _____		First Name _____	
Age as of 6/1/19 _____	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 _____	

2019 DHYS/MEDLOCK PARK ALL SKILLS SUMMER BASEBALL 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 \$300 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 _____