

# ALL-STAR BASEBALL CAMP

## 2019-REGISTRATION FORM

Name \_\_\_\_\_

Address \_\_\_\_\_

Town \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Cell \_\_\_\_\_

Emergency Contact Number \_\_\_\_\_

T-Shirt Size (Adult Sizes) \_\_\_\_\_

### **Please make all checks payable to:**

Sal Coppola

1291 Avon Blvd.

Cheshire, CT 06410

For more information please call **203-927-9744**

I authorize the camp director to act for me in any emergency that requires medical attention. I understand that I am responsible for ALL hospital, x-ray, laboratory and other fees. My child is physically fit to participate in vigorous physical activity and I further understand that the ALL-STAR Baseball Camp and / or anyone associated with this camp will not be held responsible for any accident.

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Signature of Parent / Legal Guardian