

Crusader



Skills Camp

Registration Form

Name: _____

Phone: _____

Address: _____

Email: _____

High School: _____

Grad Year: _____

Age: _____

HS Coach: _____

Summer Coach: _____

Phone #: _____

Phone: _____

Primary Position: _____

ACT/SAT Score: _____

Secondary Position: _____

GPA/Intended Major: _____

Applying for acceptance to the Capital University Baseball Camp, I, intending to be legally bound hereby for myself, my heirs, executors, and administrators, waiver and release any and all rights and claims for damages I may have against Capital University or its representatives and for any and all damages which may be sustained by me in association with this camp. Also, I hereby authorize the director of the Capital University Baseball Camp to act for me according to his/her best judgment in any emergency requiring medical attention. My son has had a recent physical examination and is physically able to participate in athletic activities including baseball.

All checks and registrations should be mailed to:

Capital University
ATTN: Baseball Office
1 College and Main
Columbus, OH 43209-2394

Make checks payable to:

Ryan Grice
(Non-refundable)

A confirmation email, as well as directions, will be sent when the registration is received.

Signature of Parent/Guardian

Date

