2021 BROCK EAGLE SUMMER BASEBALL CAMP REGISTRATION / WAIVER FORM

Camp Registration Form

Camper's Name: _____

Parent's Name:_____

Camper's Age: _____

Camper's Grade: _____

Home Phone: _____

Address: _____

Cell Phone:_____ Emergency Contact: _____

T-Shirt Size _____

WAIVER

Medical Treatment-Consent and Release Authorization: We the undersigned, for ourselves, our heirs, executors and administrators, waive, release and forgive discharge the Brock High School Baseball Camp, Hart Hering, and its staff from all rights and claims for damages, injuries, or loss of person or property which may be sustained or occurred during participation in Camp activities or while at Camp. I also give permission for my child to be treated at a local hospital in case of emergency.

Parent/Guardian Signature_____
Date:_____