

Baseball School

2023 July 31 – Aug 3rd / Aug 14 - 17th

Registration Form for Sarnia Brigade Baseball Camp 2023

Child's Last Name: _____ **First Name:** _____
Date of Birth: _____ **School Grade:** _____
Siblings at Camp (if applicable): _____
Address: _____

GUARDIANS

Mother's Name: _____ **Telephone:** _____
Home Address: _____ **Cell Phone:** _____
Place of Employment: _____ **Work Number:** _____
Father's Name: _____ **Telephone:** _____
Home Address: _____ **Cell Phone:** _____
Place of Employment: _____ **Work Number:** _____

Email(s): _____
Health Card Number: _____

MEDICAL INFORMATION

*** Optional (fill in as much as you deem necessary) ***

***Doctor's Name:** _____ **Telephone:** _____
Address: _____
***Dentist's Name:** _____ **Telephone:** _____
Allergies: _____
Reaction: _____ **Treatment:** _____
***Does your child have any special needs?** _____
If yes, explain:

***Agencies your child is involved with:** _____

***Does your child take medication on a regular basis?**

Medication: _____ **Who administers:**

***Is your child's immunization up-to-date?** Yes _____ No

Parent Signature _____ **Date:**

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Names of approved drop off and pick-up person(s):

WAIVER

I understand that participation in the camp involves certain risks and dangers which are inherent to sport while training or competing and include but are not limited to death, serious neck and spinal injuries, head or eye injuries, serious injuries to virtually all bones, joints, ligaments, muscles, tendons, and other aspects of the muscular – skeletal system, and serious injuries or impairment to other aspects of my body, general health and well-being.

The preceding list is not inclusive and is meant solely to emphasize the level of risk and danger inherent in sport at any level of competition.

I further acknowledge that I have read the above release and understand that I am relinquishing any and all rights that I, or any of my dependents, or my heirs, executors or administrators might have against the camp for any loss, damage, injury or expense suffered by me in connection with all activities associated with my participation in the camp.

In consideration of being permitted to compete in the camp, I hereby release and forever discharge from any claim and liabilities whatsoever without limitation I might have against Sarnia Brigade Baseball, Joel Ainsworth, Justin Randall, or any of the camp instructors in any of the activities I am involved in, and make this release on behalf of myself, and on behalf of my heirs, executors, administrators, and assigns.

I further confirm that I am over the age of majority (18 yrs).

Name: _____
(Guardian's Name / please print)

Address: _____
(City & Postal Code)

Phone: _____

Age: _____

***Players under 18 years of age must have parent or guardian consent; so please sign.**

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Parental Signature **(typed name suffices as signature)**