



CAMP REGISTRATION & WAIVER FORM

(Participant's/Student's) full name _____

Age _____ Grade _____ Date of birth _____

Current School _____

Address _____ City _____ State _____ Zip _____

Participant Shirt Size (YS, YM, YL, AS, AM, AL) _____

SPECIAL NEEDS\HEALTH CONCERNS\ALLERGIES:

PARENT/GUARDIAN INFORMATION

Name _____

Phone _____ Email _____

Emergency contact _____

RECRUITING DISCLOSURE

VGHS open practices/camps are open to **any and all entrants**. Attendance or eligibility to attend a VGHS open practice may be limited by age and/or grade only. Attending VGHS open practices and events are not to be viewed as "recruiting". VGHS open practices are opportunities for **any and all entrants** to learn, develop, and increase their knowledge in the activity/sport.

Please initial that you have read and understand the statement above.

I verify that my child has been checked by a licensed physician and is physically able to participate in Spartan Nation Baseball Camps @ VGHS. I agree to allow my child to be treated by a physician while attending. If necessary, and assume all costs related to such treatment. I authorize the disclosure of medical information to my insurance for the purpose of claim. By signing this form, I acknowledge that I am aware of the potential risks of participating in this activity (Spartan Nation Baseball Camps @ VGHS), and agree in no way to hold management, agents or volunteers of Spartan Nation Baseball Camps & VGHS liable for any injury that I or my children may sustain. I have read and understand the above statement.

PARENTS SIGNATURE _____ DATE _____