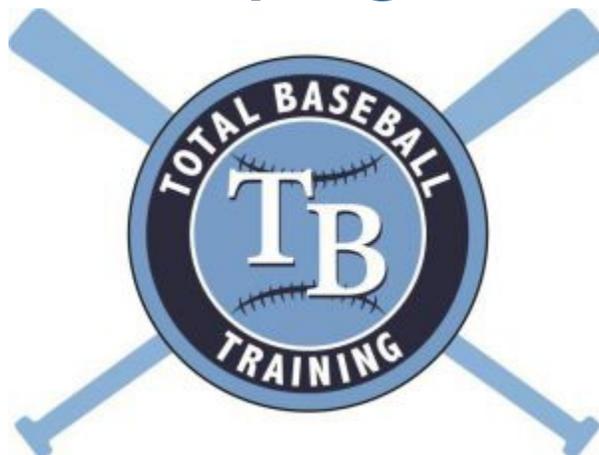


# Total Baseball Spring Training Camp



**March 30 – April 2**  
**Registration Deadline: March 20**

## Player Information

Player Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Current Grade: \_\_\_\_\_

School / Area Team They Play For (if any): \_\_\_\_\_

Primary Position(s): \_\_\_\_\_

## Parent/Guardian Information

Parent/Guardian Name (1): \_\_\_\_\_

Best Contact Phone (1): \_\_\_\_\_

Best Contact Email (1): \_\_\_\_\_

Parent/Guardian Name (2): \_\_\_\_\_

Best Contact Phone (2): \_\_\_\_\_

Best Contact Email (2): \_\_\_\_\_

## Session Selection (Please Check One)

4:00 PM – 5:30 PM (Ages 8, 9 & 10)

5:30 PM – 7:00 PM (Ages 11, 12 & 13)

## Emergency Contact Information

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Cell Phone: \_\_\_\_\_

## Medical Information

Please list any medical conditions, allergies, or injuries staff should be aware of:

\_\_\_\_\_

## Payment Information

**Camp Fee:** \$75 (Please check your payment option below)

Cash

Check (Payable to Community Recreation Center)

Credit Card (Will be processed through CRC)

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ CVV: \_\_\_\_\_

Billing Zip Code: \_\_\_\_\_

## Waiver & Consent

I understand that participation in baseball activities involves inherent risk. I agree to hold harmless Community Recreation Center and camp staff from liability for injuries that may occur during participation.

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_