

## Baseball Camp Registration Information

Student Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Last Grade Completed: \_\_\_\_\_

Birthdate: \_\_\_\_\_

Parents/Guardians Names: \_\_\_\_\_

\_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_

Who may pick child up: \_\_\_\_\_

\_\_\_\_\_

Please email form along with medical release form to  
rosser.roberts@gmail.com

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