



2017 GENESEE RAPIDS BASEBALL SUMMER CAMP

Week 1 – Monday, 7/10 – Thursday, 7/13

Week 2 – Monday 7/17 – Thursday 7/20

8:30-11:30am

Houghton College Baseball Field, Houghton, NY

REGISTRATION FORM

One registration form / child; must be signed by parent / guardian and accompany payment of \$60 / child.

**** Medical Release Form on back MUST be signed****

Child's Name: _____

Address: _____

City, State, Zip: _____

Home #/Cell#: _____

Emergency #: _____

Family email: _____

Date of Birth: _____ Age: _____

_____ Boy _____ Girl

Name(s) of Parent(s) Guardian(s): _____

Week 1 _____ Week 2 _____ Both week 1 & 2 _____ (\$120)

T-shirt Size (circle size): Youth M L XL Adult S MLXL

Does this child have any allergies?: _____

If yes, please list: _____

Does this child taking any medications?: _____

If so, please list: _____

Does this child have special needs of any kind, whether emotionally, physically, or socially that may limit their participation?: _____

If so, please list: _____

Medical Release:

Release of liability: By signing this permission /waiver form, I expressly warrant that the child named is capable of withstanding both the physical and mental demands of the activities discussed. I also expressly assume all risks of the child participating in the activities, whether such risks are known or unknown to me at this time. I further release the Genesee Rapids Baseball Organization (GRBO) and its leaders, employees, volunteers, and agents from any claim that my child may have or that I may have against them as a result of injury or illness incurred during the course of participation in the activities. This release of liability shall include (without limitation) any claims of negligence or breach of warranty. This release of liability is also intended to cover all claims that members of the child's or my family or estate, heirs, representatives or assigns may have against the Genesee Rapids Baseball Organization or its leaders, employees, volunteers or agents. I further agree to indemnify and hold harmless the GRBO and its leaders, employees, volunteers or agents from any and all claims arising from my participation in it activities and programs or as a result of injury or illness of my child during such activities.

First Aid and Emergency Medical Treatment: I do hereby give permission for agents of GRBO to seek and secure any needed medical attention or treatment for the named child on this form, including hospitalization. In doing so, I agree to pay all fees and costs arising from this action to obtain medical treatment.

I represent that I am the parent / guardian of the named child. I have read the above permission / waiver form and am fully familiar with the contents thereof. I give permission for the named child to participate in the activities of GRBO, including any special events / activities described above. In consideration for allowing the participation of the named child in these activities, I hereby consent that this permission / waiver form shall be binding upon me, my family, heirs, legal representatives, successors and assigns.

Parent / Guardian signature: _____

Date: _____