

# PHS BASEBALL SPRING BREAK CAMP APPLICATION

Campers Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Age: \_\_\_\_\_

Parents Names:

\_\_\_\_\_

Address:

\_\_\_\_\_

\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone:

\_\_\_\_\_

Email address:

\_\_\_\_\_

Full Week \_\_\_\_ \$275 or Per day/\$75 M \_\_\_\_ TUE \_\_\_\_ WED \_\_\_\_ THU \_\_\_\_ Total \_\_\_\_\_

**\*Make checks payable to PHS Baseball and may be submitted at camp.**

## PHS Baseball Camp Waiver:

The named participant \_\_\_\_\_ has my permission to participate in the clinic program. In case of an emergency, I understand that every attempt will be made to contact the emergency contact listed below. If contact is unsuccessful, I give permission to the attending athletic coaches to render medical treatment to the participant, including (if necessary) hospitalization. Any expense arising from injury is the responsibility of the person signing below. Accident insurance for the 2018 PHS Baseball Camp is provided by Piedmont High School. All registrants must have their own primary medical insurance. Any medical costs and expenses will be the primary responsibility of the parent or guardian's medical coverage. I, the un-der-signed parent and/or legal guardian of the participant listed above, do hereby consent to his or her participation in the program identified above. I, as the parent of the participant and on behalf of the participant, release, hold harmless and agree to indemnify Piedmont High School and each of their respective members, partners, officers, directors, faculty, staff, representatives, affiliates, employees as applicable, from and against any present or future claim, loss or liability for injury to person or property which I or the participant may suffer, or for which the participant may be liable to any other person, related to their participation in

the program (including periods in transit to or from the participant's destination), resulting from any cause, including but not limited to ordinary or gross negligence.

**Name of Participant**

**(Print):** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature of Parent/Guardian:**

\_\_\_\_\_

**Emergency Contact:**

\_\_\_\_\_

**Emergency Phone:**

\_\_\_\_\_

**Insurance Company:** \_\_\_\_\_ **Policy Number:**

\_\_\_\_\_

**Signature of Parent or Guardian:**

\_\_\_\_\_