

# 2<sup>nd</sup> Annual Mustang Baseball Summer Camp



## REGISTRATION FORM

PARTICIPANTS FIRST NAME \_\_\_\_\_ M.I. \_\_\_\_ LAST NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ AGE ON June 29 \_\_\_\_\_ GRADE \_\_\_\_\_

PARENT/GUARDIAN'S NAME \_\_\_\_\_

EMAIL ADDRESS OF PARENT/GUARDIAN \_\_\_\_\_

PHONE's # of PARENT/GUARDIAN \_\_\_\_\_

In case of emergency please contact: \_\_\_\_\_ Phone: \_\_\_\_\_

I, the parent/guardian of the above named child, do hereby give my consent to his/her participation in all of the activities of Mustang Baseball Camp. In case of any illness or injury to my child resulting from these activities, I hereby waive all claims against the organization, sponsors, coaches, directors, officers and the City of Medford. I also release from responsibility any person(s) transporting my child to or from any activities. I understand my responsibility towards my child's medical bills if injury occurs. I further give consent for medical treatment by the closest hospital, doctor or medical facility.

Parent or Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **RETURN COMPLETED FORM & CHECK PAYMENT of \$125 TO:**

**Nick Tucci, Head Baseball Coach  
Medford High School  
489 Winthrop Street  
Medford, MA 02155**

**Please make your check payable to: *Medford Babe Ruth***

*(You may also register at the park)*

#### PROGRAM USE ONLY

Amount Paid: \_\_\_\_\_ Check # \_\_\_\_\_ Cash: \_\_\_\_\_ Date: \_\_\_\_\_