

PRO PLAYER CAMP REGISTRATION FORM

(Please print clearly)

Circle which camp(s) you will be attending:

Hitting Camp / Pitching Camp / Catching Camp

Camper's Name:	Birth Date:	Grade (next school year)
Parent's Name:		
Address:		
City:	State:	Zip
Home Phone:	Emergency Phone:	Cell Phone
Email Address:		

_____ and parent or guardian release Bill Seamon and Pro Player
(Camper's name)

Indoor Training Facility of all liability due to injury or loss of equipment which includes all future claims for injuries that may arise from activities of the baseball instruction.

I _____ accept any and all responsibility.
(Parent or Guardian Name)

Camper's Signature _____ Date _____

Parent or Guardian Signature _____ Date _____

All parents/guardians must check-in your camper first. A batting cage liability insurance waiver form must be signed by a parent/guardian and camper prior to attending camp. All campers must carry in clean tennis shoes to participate.

No spikes allowed in facility.

EVERYONE INSIDE THE FACILITY MUST WEAR A MASK AT ALL TIMES.