



## **SPORTS COMPLEX**

# Baseball Camp Registration Form

Participant Name: \_\_\_\_\_

Age: \_\_\_\_\_

Contact Info:

Parent/Guardian: \_\_\_\_\_

Email Address: \_\_\_\_\_

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

\_\_\_\_ I understand certain risks are involved in this camp. I attest the child (s) listed above are physically capable to participate in this camp. I render 5 Star Sports Complex L.L.C blameless in any matter.

Parent/Guardian Signature: \_\_\_\_\_