

**RAIDER SUMMER BASEBALL CAMP
2025
Registration Form**

Name: _____ **Age** _____ **Grade** _____

Address: _____ **Phone:** _____

YOUTH T shirt size: **XL** **L** **M** **S**

Insurance Waiver and Release from Liability

We, the undersigned parents/guardians agree that the Raider Baseball Clinic shall be in no way responsible for any injuries suffered during the camp. We hereby release the aforesaid of and from all liability for such injuries. This action is being taken in view of the fact that he or she is already covered by the following insurance company.

Company _____ **Policy Number** _____

In case of an emergency, I _____ give my consent to the hospital or physician to perform or administer emergency care and treatment to my son/daughter.

Parent Signature _____ **Date** _____

Home Phone _____ **Work Phone** _____