



**Baseball Camp
REGISTRATION FORM**

NAME	
ADDRESS	
CITY/STATE/ZIP	
AGE	
SCHOOL	
PARENT/GUARDIAN NAME	
PARENT/GUARDIAN EMERGENCY CONTACT PHONE	

PLEASE MARK "X" BY CAMP ATTENDING:

SESSION 1	June 4 – 6, 2007 Ages: 13 years & Up \$70 payable to "Coach Jeff Shafer"	
SESSION 2	June 11 -13, 2007 Ages: 6 – 12 years old \$70 payable to "Coach Jeff Shafer"	

PLEASE MARK AN "X" ON SHIRT SIZE:

Youth Small	Youth Medium	Youth Large	Adult Small	Adult Medium	Adult Large	Adult X-Large
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I, the parent/guardian of the above named camper, hereby give approval to participation in any & all camp activities. I assume all risks & hazards incidental to such participation & do hereby waive, release, resolve, indemnify, & agree to hold harmless, the organizers, supervisors, camp director & institution from any claims arising out of any injury to the camper which might occur at camp. I also grant my permission to the camp staff to authorize & obtain medical care should the camper become ill or is injured while participating in camp activities when a camp parent/guardian is not available to grant authorization for emergency treatment. I also give my permission for the use of any photos taken of the campers for publicity purposes.

SIGNATURE OF PARENT/GUARDIAN

DATE

FOR ADDITIONAL INFORMATION CONTACT:

(405) 382-9224

MAIL COMPLETED FORM TO: Coach Jeff Shafer, 607 Pool Court, Shawnee, 74801