

**Grace Park Baseball Camp Registration
and Parental Release Form**

Participant's Name: _____ Date of Birth: _____

Address: _____

City: _____ State _____ Zip: _____

Parent/Guardian's Name: _____

Siblings Attending: _____

Primary Phone Number: (_____) _____ E-mail: _____

Phone Number to Reach Parent In Case of Emergency: (_____) _____

Parental Release Form

Hospital Preference: _____

List any medication currently taking: _____

List any physical conditions (allergies/asthma/diabetic/etc.): _____

Describe any special medical conditions: _____

In case of emergency contact:

Name Phone Relationship to Child

Name Phone Relationship to Child

Parental Agreement

(To be completed by parent or legal guardian)

I hereby affirm the applicant is physically able to perform activities conducted at the camp and I hereby give my permission for such medical procedures as may be necessary to this camper by Grace Park Church in the event of sickness or injury. I will be responsible for any or all cost of medical coverage and treatment provided, not covered by insurance. I understand that, as a condition of admittance as a camper, the undersigned, on behalf of all parents and guardians, and behalf of the applicant, hereby releases Grace Park Church and all other employees, volunteers or agents of the camp from any and all liability, from injury, illness, mental or physical, suffered by the camper during or related to camp, to also include transportation and personal property. I also give Grace Park Church permission to use any photo(s) of my child in any future baseball camp publicity or literature.

Parent/ Guardian Signature: _____ **Date:** _____