

GREENWOOD BULLDOG BASEBALL CAMP



DATE: June 13-14, 2017
WHERE: GHS BASEBALL FIELD
COST: \$50.00
AGES: 6 – 9 Time: 9:00 am - 11:00 am
AGES: 10 – 14 Time: 11:30 am - 1:30 pm

REGISTRATION FORM

Please Print

NAME: _____ AGE: _____

ADDRESS: _____

CITY, STATE, ZIP _____

PHONE (H) _____ (W) _____ (C) _____

T-SHIRT SIZE: YM YL AS AM AL AXL (Please Circle One)

Make checks payable to GREENWOOD BASEBALL CAMP.

**MAIL TO: Coach Trey Holloway
 5500 Callaway Ln.
 Fort Smith, AR 72916**

EQUIPMENT NEEDED: Glove, bat, and hat. You may bring a helmet if you have one. You may bring bottled water or other drinks. If you have any questions please call Coach Trey Holloway at 479-431-9381.

APPOINTMENT OF AGENT

We hereby appoint Trey Holloway as our agent and representative of authorizing and consenting to hospital care and/or medical treatment of (camper) _____ for an illness or injury that may occur in the care or custody of Trey Holloway for June 13-14, while participating in the Greenwood Bulldog Baseball Camp. We will contact the parent or guardian as soon as possible in case of an emergency.

Allergies _____

Parent or Guardian _____

Emergency contact and phone numbers _____

Please Print

DEFINITION OF LIABILITY

It is understood that Greenwood Public Schools, and Trey Holloway are not liable for accident or injury to camp participants. It is further understood that the limits of liability of injured participants are the sole responsibility of their parents or guardians under their current medical insurance policy.

Parent signature _____

Parents of _____