

BULLDOG BASEBALL CAMPS REGISTRATION FORM

Camper Information

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

E-Mail Address (will be used to send confirmation): _____

Home Phone:(_____) _____ Cell Phone:(_____) _____

Age: _____ Grade (next Fall): _____

Circle T-shirt size: Youth S M L XL
Adult S M L XL XXL

Little League: _____

School: _____

Parent/Guardian Information

Name: _____

Home Phone:(_____) _____ Cell Phone:(_____) _____ Work Phone:(_____) _____

Emergency Contact Name: _____

Relationship: _____ Phone(_____) _____

Insurance/Medical Information

Insurance Co.: _____

Insurance Co. Phone:(_____) _____

Policy Holder Name: _____

Medical Information:(i.e.: Allergies, other Health issues) _____

Waiver & Release: I do hereby waive, release and discharge Bulldog Baseball Camp and respective staff and employees from any and all rights and claims for damages resulting from injuries to my person or property that may be sustained or suffered by me in connection with my association with, in participation in, or arising out of my traveling to or from the Bulldog Baseball Camp. We, the parents or guardians, agree to the above participation in this program, including emergency and referral services, if necessary. I have read and hereby accept the conditions described in the brochure.

Camp Information:

Please check the YOUTH CAMP(S) you will attend/\$175 per session:

Session One: June 1, 2 & 3

Session Two: June 7, 8 & 9

Session Three: June 14, 15 & 16

Total Due:\$_____

Signature:_____

Make Checks payable to:

Bulldog Baseball Camps

Return forms to:

Bulldog Baseball Camps

8515 Thornhill Drive

Indianapolis, IN 46256

(317) 940-6536

OR

Register on-line at: www.bulldogbaseballcamps.com