Avery Viking Baseball Camp

2016

$45.00 Per Participant

Name_____

Parent's Name:_____

Address_____

Phone#_____

Tee-Shirt Size_____

Medical Concerns or Conditions

_____

_____

Waiver of Liability

I, as a parent, legal guardian give my consent for my child to participate in the Avery Vikings Baseball Camp. I hereby, release the camp instructors, all sponsors of the camp, volunteer counselors, and the Avery Parks and Recreation Department whose gym/field is being used, from liability for any injury that the participant might sustain while engaged in the camp.

_____ _____

Signature of Parent/Legal Guardian Date

Make Check to: Avery Parks and Recreation Department

Mail to: Avery Parks and Rec Dept./ P.O. Box 883/ Newland, NC 28657