

Registration Information

Name: _____
Parents Name: _____
Campers Age: _____
Address: _____
Phone # : _____
Email _____
Baseball Information:
Primary Position: _____ Secondary: _____
Throws: R or L Hits: R or switch or L
Camp Shirt- Adult Sizes- S M L XL

MEDICAL INFORMATION REQUIRED

Name _____
Phone _____
Physician _____
Phone # _____
Policy Number _____
Medical Insurance Com. _____
Date of Last Tetanus Shot _____
Allergies/Medications/Concerns

I give my child permission to participate in Live The Dream Baseball- Summer Camp. I have no knowledge of any physical impairment that would affect this camper from participating in the camp's programs. I also give permission for my child to be given emergency treatment at a local hospital. Upon signing, I agree full responsibility for any and all liabilities and release Live The Dream Baseball, LLC, the camp instructors/directors, or any recreational facilities that may be used for Camp from any liability. I hereby, by signature, acknowledge reading and understanding the terms of this agreement and verify that my child is physically fit to participate in this event.

X _____

Parent/ Guardian Signature

Print

PAYMENT OPTIONS:

1. Please pay online with your credit card

2. MAKE CHECKS PAYABLE TO:

Live The Dream Baseball, LLC
622 Emmy Dee Dr.
Bel Air, MD 21014