

Baseball Camp Dates: June 20<sup>th</sup> through June 23<sup>rd</sup> (rain date June 24<sup>th</sup>)

Participation Fee: \$ 95.00 (includes T-shirt and Drinks)

Each additional sibling will be \$ 70.00

Make Checks Payable to:



Tim Sumereau  
Mount Olive High School  
Corey Road  
Flanders, NJ 07836

All forms and fees must be in on or before June 3, 2005

Any Questions, Call Coach Sumereau at 973-691-4000 ext. 7639

### REGISTRATION AND RELEASE FORM

Participant Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

Age \_\_\_\_\_ T-Shirt Size- Youth or Adult S M L XL

Parental Authorization: \_\_\_\_\_

Date: \_\_\_\_\_

Family Physician: \_\_\_\_\_

Phone Number: \_\_\_\_\_

I have Medical /Accident Insurance with:

\_\_\_\_\_  
Policy Number: \_\_\_\_\_

List any special medical conditions camp personnel should be aware of

\_\_\_\_\_  
List the names and phone numbers of persons who can be contacted during the day in the event of an injury requiring emergency treatment.

Name

Phone #

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I hereby certify that my child is in good physical health and may participate in all camp activities. I will NOT hold the camp or camp personnel responsible in the event of an accident or an injury as a result of my child's participation. I give permission for my child to be given emergency treatment at a local hospital.

Signature: \_\_\_\_\_