

PRoBASEBALL WINTER CAMP – PLAYER APPLICATION

Name:		
Address:		City:
State:	Zip:	_ Phone:
D.O.B	Age	HT: WT:
mail: Parents Name:		
Position (s):	High School:	
Grad Year: College interested in attending:		
Hat Size:	Shirt Size:	Pants Size:
□ Winter Camp Fee: \$500		ld Series Classic Fee: \$1,500
REQUIRED:		
*Emergency Contact: _		*Emergency Contact 2:
*Emergency Phone #: _		*2 nd Emergency Phone #:

Please return completed Application with a check or money order payable to: PRoBASEBALLUSA Mail To: PRoBASEBALLUSA, PO BOX 2137, Cayey, Puerto Rico 00737

RELEASE OF LIABILITY\CONSENT

I hereby permit my child to participate in PRoBASEBALL WINTER CAMP and by execution of this release; I acknowledge & agree that all requirements & standards set by the directors of this program shall be established for the participants benefit. I also give my permission & authorize PRoBASEBALLHS to act on my behalf in the event emergency medical attention is required. I hereby waive & release PRoBASEBALLHS from liability arising from my child's participation at the High School & I know of no mental or physical problems which might affect my child's ability to safely attend PRoBASEBALL WINTER CAMP. I acknowledge that the PRoBASEBALLHS, its school board, and its employees shall be immune from civil liability for injuries resulting from baseball camps, practices, games or while the students are being transported to destinations PRoBASEBALL WINTER CAMP uses for its operations in accordance with this consent form; the student himself should have insurance of his own to cover any expenses he may have during the school's year events including summer camps. Also, I am aware that my son will appear on photos or videos representing PRoBASEBALL on its website for his (the player) future of college baseball recruitments.

Parent\Guardian Signature: ____

Date: ___