

Crowder Baseball Camp & Clinic Registration Form

Name _____

Address _____

City _____ State _____ Zip _____

Phone (Home) _____ (Cell) _____

E-mail _____

Date of Birth _____ Grad Year _____ Age _____

Primary Position _____ Secondary Position _____

Throws (Circle One) Right Left Hits (Circle One) Right Left

Camp Session(s) Attending _____ Amt. Due _____

**Parent or Guardian must read and sign
agreement below**

We as parents or guardians of the above listed student enroll him in the Roughrider Baseball Camp and hereby acknowledge the fact that he is physically able to participate in camp activities. We also authorize the camp staff to act for us in their best judgment in any emergency requiring medical attention and we hereby waive the Crowder College Baseball Camp and its instructors from any liability for any illness, injury, or property loss our child incurs while on the premises.

Signature of Parent or Guardian

_____ Date

Please mail or fax to:

Crowder Baseball
601 Laclede Ave.
Neosho, MO 64850
FAX: 417-455-5513

For Registration & More Information, Contact:

Travis Lallemand
Head Baseball Coach
Office: 417-455-5626
Email: tlallema@crowder.edu

Ehren Moreno
Assistant Coach
Office: 417-455-5626
Email: gcrane@crowder.edu