

Crowder Baseball Winter Camp

Name _____

Address _____

City _____ State _____ Zip _____

Phone (Home) _____ (Cell) _____

Date of Birth _____ Grad Year _____ Age _____

High School _____ HS Head Coach _____

Primary Position _____

Secondary Position _____

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

I plan to attend: _____ Hitting session \$50 (noon – 2:00)

_____ Pitching session \$50 (2:00-4:00)

_____ Both sessions \$75 (noon – 4:00)

Parent or Guardian must read and sign agreement below.

We as parents or guardians of the 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 it's instructors from any liability for any illness, injury, or property loss our child incurs while on the premises.

Signature of Parent or Guardian

Date _____

Make check payable to:
Crowder College Baseball
601 Laclede Ave.
Neosho, MO 64850