

Official Registration Form

Beavers Baseball Camps

Player's Name: _____

Age: _____

Saskatchewan Health Care Number: _____

Address: _____

Phone: _____

Email: _____

Parents or Guardians Name (s): _____

Emergency Contact: _____

Please Circle the date(s) the player will attend:

Thurs. June 5

Thurs, June 12

Times: 4-6 p.m. – Ages 10 & under; 6-8 p.m. – Ages 11 & older

Location: Tom Laing Park

Parent or Guardian Authorization:

I, the undersigned, authorize this player's participation in the Beavers Baseball Camp as indicated.

I understand I will be required to sign a medical release and injury release at registration.

Signature: _____ Date: _____

Please Print Name: _____

