

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: (Times 9:00 a.m. to 12:00 Noon)

Mon. June 30 Tues. July 01 Wed. July 02

Cost per day: \$30.00

Total Amount Due: _____



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: _____