

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:

Tues July 13 - Wed July 14 - Thurs July 16

Tues July 20 - Wed July 21 - Thurs July 23

Cost per day: \$ 20.00 Cost for three days: \$ 50.00



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 _____