

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:

Wed July 10

Mon July 15

Thurs July 11

Wed July 17

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 _____