



# 2019 Baseball Camp Registration Form

June 4-6, 2019

At Shippensburg Memorial Park – Field #6

Player Name: \_\_\_\_\_ Age: \_\_\_\_\_

Player Name: \_\_\_\_\_ Age: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Shirt Size: YM \_\_\_\_\_ YL \_\_\_\_\_ AS \_\_\_\_\_ AM \_\_\_\_\_ AL \_\_\_\_\_ AXL \_\_\_\_\_ A2XL \_\_\_\_\_

Important Medical Information (allergies, etc.): \_\_\_\_\_

Cost: \$90 / player (multi-family discount of \$80 / player) # of Players: \_\_\_\_\_ x Amount \_\_\_\_\_

Total \$: \_\_\_\_\_ Ck# \_\_\_\_\_

**Please sign and date this waiver below and print your child's name. Thank you**

I the undersigned, hereby certify that I am the parent or legal guardian of the camper. I further certify that the camper is physically capable of participating in the Clinic / Camp and all related activities. I hereby give permission for the staff of the The Athlete's Edge and Greg Chandler and his staff to seek appropriate medical treatment for the camper during the period of the Camp / Clinic and for the camper to receive medical attention in the event of an accident, injury, or illness. I will be responsible for all costs of medical attention provided. As a condition to the camper's participation in the camp, I, on behalf of the camper, our heirs, executors, and administrators, hereby waive, release and forever discharge The Athlete's Edge of Greencastle, including its owners, staff, and camp / clinic coaches ("Released Parties") from any and all liability, claims, demands, actions, and causes of action arising out of or related to any loss, personal injury, illness or property damage that may be sustained or occur during participation in (including periods of rest or other activities related to) or otherwise be associated with the Camp / Clinic and/or any duties or the breach of any duties that the Released Parties have or allege to have to the camper or the undersigned in connection with the camper's participation in the camp, whether or not such damages, injury or loss is due to the negligence, strict liability or other legal fault of one or more of the Released Parties.

Parent or Legal Guardian Signature: \_\_\_\_\_ Printed: \_\_\_\_\_

Player Name: \_\_\_\_\_ Date: \_\_\_\_\_

The Athlete's Edge of Greencastle  
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