

# Registration for Baseball Camp

\_\_\_\_\_  
First Name of Participant                      Middle Name                      Last Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City                      State                      Zip Code

\_\_\_\_\_  
Birth Date of Participant                      Age                     

\_\_\_\_\_  
Phone Number

**ANYTHING WE NEED TO KNOW ABOUT YOUR CHILD (For more space, use back of form)**

My child has my permission to participate in the Antioch Baseball Camp on September 23, 2007 at the White Cross Recreation Building, located on White Cross Road in Orange County. Antioch Baptist Church is not responsible for any accidents that might happen during the camp.

Please notify me at the following address in the event of an emergency. I expect to be there from the time I drop my child off at White Cross Recreation Building until the time I will pick my child up at the White Cross Recreation Building.

I will be staying at White Cross Recreation while the camp is going on.  Yes                      No  Please circle one.	Name: _____ Relationship to Participant: _____ Address: _____ Street  _____ City                      State                      Zip Code  Telephone Numbers: (_____) _____ (_____) _____ Home                      Cell
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## ALTERNATE EMERGENCY NOTIFICATION

The following person is authorized to act on my behalf if I cannot be reached in the event of an emergency:

Name: \_\_\_\_\_ Relationship to Participant: \_\_\_\_\_

Address: \_\_\_\_\_  
Street

\_\_\_\_\_  
City                      State                      Zip Code

Telephone Numbers: (\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Home                      Cell

\_\_\_\_\_  
Signature of Parent or Guardian                      Date

## INFORMATION FOR SHIRT SIZE TO RECEIVE AT END OF CAMP

\_\_\_\_\_  
Participant                      Shirt Size

**FREE LUNCH TO ALL AT END OF CAMP**