

PERFECT GAME PITCHING CAMP APPLICATION

Name _____ Age _____ Phone: _____

Address _____

Street

City

Zip

In case of emergency contact _____

Name

Phone

I attest that I am the legal guardian for the above named person and I certify that he is medically able to participate in the PERFECT GAME Pitching Camp and I will assume all responsibility for any medical expenses that may occur as a result of his participation in the camp. I authorize the members or instructors of the camp to act for me in any medical emergency and certify that the members and instructors are in no way liable or responsible for any injuries or medical expenses that may be incurred. Also, I give the above named permission to participate in the camp realizing that such activity involves the risk of serious injury, which is inherent in all sports.

Signature _____

Name

Date

PITCHING CAMP FEE-- \$275

July 23 – July27 (2018)

Please list any medical conditions we should be made aware of:
