

2009 APPLICATION -- EMORY BASEBALL CAMP

Registration Form & Parental Consent Form

Please print this page, fill out both the Registration Form and Parental Consent Form, and return as soon as possible with your check made payable to:

Michael Twardoski / Emory Baseball Camps
Woodruff Physical Education Center
600 Asbury Circle
Atlanta, GA 30322
Mike (404) 727-0877 or Tina (770) 609-2679

Name _____ Age: _____ Birthdate: _____

Address _____

City, State, Zip _____

Parent(s) _____

Home Phone _____ Work Phone _____

Parent E-mail Address _____

How did you hear about our camp? _____

T-Shirt Size (circle one): S M L XL

Please inform us of any Medical Conditions: _____

CHECK (X) SESSION ATTENDING:

Cost is \$250 per session

___ SESSION I * June 8th - 12th * 9:00 a.m. - 2:00 p.m.

___ SESSION II * June 15th – 19th * 9:00 a.m. - 2:00 p.m.

___ SESSION III * June 22nd - 26th * 9:00 a.m. - 2:00 p.m.

___ SESSION IV * July 20th - 24th * 9:00 a.m. - 2:00 p.m.

___ SESSION V * July 27th – 31st * 9:00 a.m. - 2:00 p.m.

___ EXTENDED CARE REQUEST (\$20 per day): SESSION ___ DAYS: _____

CONSENT FORM

I hereby permit my child to participate in the Baseball Camp offered by Mike Twardoski and Emory University, and by the execution of this release, I acknowledge and agree that all requirements, directions, supervision, and standards set by the directors of this program shall be established for his/her benefit. I hereby voluntarily assume all risk of accident or injury to my child which may arise out of his/her participation in this program, hereby intending to release Mike Twardoski and personnel associated with this program from liability that may result from his/her participation. In addition, I hereby give my permission for emergency medical treatment in the event I cannot be reached.

Print Camper's Name _____

Parent/Guardian Signature (with Date) _____

Emergency Phone _____

Insurance Carrier AND Policy Number _____

NOTE: Camp sessions tend to fill up quickly. To ensure registration, please complete Application AND Consent Form and return, along with your check made payable to: Mike Twardoski / Emory Baseball Camp