

2019 ROOSEVELT SUMMER BASEBALL CAMP APPLICATION

NAME _____

ADDRESS _____

CITY/STATE _____ **ZIP** _____

NAME OF PARENT(S) _____

CELL PHONE _____

E-MAIL ADDRESS _____

BIRTH DATE ____/____/____ **AGE** _____

GRADE (AS OF FALL 2019) _____

PLEASE RETURN THIS FORM TO DEVIN ROCHA OR AT CAMP.

I _____ (Guardian Name) hereby give permission for my child
_____ (Child's Name) to participate in the 2019 Roosevelt Baseball Camp. I
_____ (Guardian Name) hereby release the camp instructors, its administration and
employees from all claims from illnesses & injuries which may be sustained by your child, and I authorize the director or
his designee to select hospital facilities and/or the physician of his choice; I _____
(Guardian Name) authorize treatment of the above named camper on an emergency basis in the event such treatment
becomes necessary while attending the Roosevelt Baseball Camp.

Signature of Parent or Guardian

_____/_____/_____
Date