

Labette Community College Skills and Evaluation Camp Registration Form

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Phone (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_

Date Of Birth \_\_\_\_\_ Grad Year \_\_\_\_\_ Age \_\_\_\_\_

High School \_\_\_\_\_ Head Coach \_\_\_\_\_

Primary Position \_\_\_\_\_ Secondary Position \_\_\_\_\_

Throws \_\_\_\_\_ Bats \_\_\_\_\_

Amt Due: \_\_\_\_\_ Make Checks Payable to Cardinal Baseball Camp

Parent or Guardian must read and sign agreement below to participate in camp.

We as parents or guardians of the above listed student enroll him in the Labette Community College Skills and Evaluation Camp and hereby acknowledge the fact that he is physically able to participate in camp activities. We also authorize the camp staff to act for us in their best judgment in any emergency requiring medical attention and we hereby waive the Labette Community College Baseball Camp and it's instructors from any liability for any illness, injury or property loss our child incurs while on the premises.

Signature of Parent or Guardian

\_\_\_\_\_

Date

\_\_\_\_\_

Please Mail Registration Form to :

Labette Community College Baseball  
C/O Clint Stoy  
200 South 14<sup>th</sup>  
Parsons, KS 67357

Or Fax to 620-421-5303