

**BASEBALL CAMP APPLICATION**

Today's Date: \_\_\_\_\_

Athletes Name \_\_\_\_\_ Parent's Name \_\_\_\_\_

Address \_\_\_\_\_

E-Mail \_\_\_\_\_

Phone No.(H) \_\_\_\_\_ Phone No.(W) \_\_\_\_\_

Emergency Person \_\_\_\_\_ Phone No. \_\_\_\_\_

Year In School Next Fall \_\_\_\_\_  
T-Shirt Adult XL L M S  
T-Shirt Youth L M S

My child has permission to attend the Jefferson Baseball Camp. I certify that within the past year he has had a physical examination and that now he is physically able to participate in baseball camp activities without restriction. In event of an illness or injury, I give consent for medical treatment and permission to attending physician to hospitalize, secure proper treatment, and order injections, anesthesia, or surgery. I will be responsible for any medical or other charges in connection with my child's attendance in camp.

I acknowledge that at the Jefferson Baseball Camp my child will participate in a sport that may involve, among other things, physical contact of the body with other persons or objects, including the ground and at the Jefferson Baseball Camp he may incur a risk of injury. I specifically waive and give up and release the Jefferson Baseball Camp and staff from liability for any claim for damages which I or my child may have for injuries or illness that he/she may sustain at camp.

Please List Any Medical Conditions or Allergies our staff should be aware of:

\_\_\_\_\_

\*I understand that any pictures taken by Jefferson Baseball Camp may be used for promotional purposes.

Parent's Signature \_\_\_\_\_

**\*Please make checks payable to: Jefferson Training Services**

Mail to:

Jason Klebez  
50 Hickory Trail  
Sparta, NJ 07871  
973-729-4805 Home