



**2012 KCHS Baseball Camp
Player Registration Form
www.kchsbaseball.org**

**Camp Dates (all ages): Monday, June 4 through Thursday, June 7
Camp Times: Registration at 8:30; Camp from 9 – 11:30
Eligible Campers: Players who will enter grades 3-9 as of Fall 2012
Camp Charge: \$90 per player**

Player Name _____

Address _____

City, State, Zip _____

Parent's Name(s) _____

Parent Phone Numbers _____

Email accounts _____

Emergency Contact Name and Phone _____

Player Age: _____ Grade as of Fall 2012 _____

Height: _____ Weight: _____ T-Shirt size (circle one): YS YM YL AS AM AL AXL

Bats (circle one): R L S Throws (circle one): R L S

Primary Position: _____ Secondary Position: _____

Payment Information: \$90 (less discounts) is due in full by camp time. Make checks payable to *Knox Catholic Baseball*. Mail application with signed parental permission form and deposit of \$25 (or payment) to:
Knoxville Catholic Baseball Camp 1404 Pheasants Glen Drive, Knoxville, TN 37923

_____ I am registering before June 1, which entitles me to a \$5 discount

_____ This is the second child I have registered which entitles me to a \$10 discount

***Name of other child registered _____

Parent/Guardian Permission: I authorize my child's participation in the Knoxville Catholic High School Baseball Camp. It is my understanding that participation in the activities that make up the Knoxville Catholic High School Baseball Camp involves some inherent risk of injury. As such, in consideration of my child's participation in the Knoxville Catholic High School Baseball Camp, I hereby release, waive, discharge, and covenant not to sue the Knoxville Catholic High School, their officers, servants, agents, or employees from any and all liabilities, claims, demands, actions, and causes whatsoever arising out of or related to any loss, damage, injury, or death, that may be sustained by my child, whether caused by the negligence of the releases, or otherwise while participating in such activity, or while in, on or upon the premises where the activity is being conducted. I also agree to follow all instructions and procedures in order to maintain a maximum level of safety. I also understand that a medical insurance policy carried by the Knoxville Catholic High School Baseball Camp, if any, would provide only minimum coverage and that I should make sure my child is covered in the event of a serious accident. I also give my permission for any emergency medical care or treatment by a physician, surgeon, hospital, or medical care facility that may be required, and accept responsibility for that cost. I hereby state that I am the legal guardian of said child.

Signature of Parent or Guardian _____