

Leopard Baseball Prospect Camp

Emergency Release Form

Last Name _____ First Name _____ Age _____ Gender _____

Date of Birth _____

Parent/Guardian

Name _____

Address _____ City _____ State _____ Zip _____

In case of emergency, please notify:

Name _____ Relationship _____

(Home) _____ (Work) _____

Parent/Guardian Authorization

I hereby authorize the directors of the Leopard Baseball Prospect Camp to act for me according to their best judgement in any emergency requiring medical attention.

SIGNATURE _____ DATE _____

I hereby waive and release the Leopard Baseball Prospect Camp from any and all liability for injuries or illness while attending the camp. I have no knowledge of any physical impairment that may be affected by the above named camper's participation in the camp.

SIGNATURE _____ DATE _____

The information stated above is correct, and the individual has permission to participate.

SIGNATURE _____ DATE _____

Baseball Prospect Camp Registration Form

Name_____

Phone Number_____

Email_____

Graduation Year_____

High School_____

Position(s)_____

GPA_____

Potential Major_____

Parent/Guardian Name:_____

Parent/Guardian Phone Number_____

***Payments can be made by cash or check. Make checks payable to M.S. Baseball. Send to:

Baseball Attn: Mason Stoltenberg

1950 Third Street

La Verne, CA 91750

Camp Fee: \$125 one week prior to Nov. 5 or Jan. 7. \$175 if paying day of camp