

Dream Big Athletics
Professional Baseball Skills Camp
June 14 – 17, 2010
*Rain date June 18, 2010
McKenzie Field, Rolling Meadows
9:00 –11:30am

Participants Information

Players Name: _____ Birth date: _____ Age: _____
Address: _____ City: _____ Zip: _____
School: _____ 2010-11 Grade Level: _____
Email Address: _____

Emergency Information

Father's Name: _____ Home Phone: _____ Bus. Phone: _____
Mother's Name: _____ Home Phone: _____ Bus. Phone: _____
Allergies: _____
Other Medical Conditions: _____

In an emergency when parent/guardian cannot be reached, please contact the following:

Name: _____ Relation: _____
Phone: _____

Wavier and Release of Liability

I hereby authorize Dream Big Athletics and all individuals supervising this camp to act for me in judgment in any emergency requiring medical attention. I hereby waive, release and indemnify Dream Big Athletics and the coaching staff involved with this camp of all legal responsibilities in the event of injury to my child. I know of no mental or physical problems, which might affect my child's ability to safely participate in this camp. I will be responsible for any medical charge in connection with his/her attendance of the camp, before, during or while leaving the program.

Parent/Guardian Signature: _____ Date: _____

T-Shirt size (please circle):

Youth Medium Youth Large Adult Small Adult Medium Adult Large