

Golden Gate Sliders Summer Baseball Camp Registration Form

Camp Date/Times: (Fill In All Dates That Apply)

Camp Date(s): _____

Camp Times: 9:00am – 3:00pm

Enrollment/Registration:

All forms must be completed before a child begins camp.

Please mail Registration and Payment to: **Golden Gate Sliders
P.O. Box 462
Belvedere, CA 94920**

Camps will be held at Strawberry Recreation Center Baseball Fields
118 E Strawberry Drive Mill Valley, CA 94941

Camp time runs from 9:00 am to 3:00 pm each day.

Please pack a lunch, campers break for lunch approximately from 12:00 - 12:30pm.

Rates and Payment Policies:

All payments must be received before the start of Camp. A fee of \$20.00 will be assessed for a returned check. A \$5.00 fee will be assessed for late pick-up every 15 minutes or portion thereof after 3:00pm. Payment will be due at pick-up.

Make checks payable to: Golden Gate Sliders

Camp Rates		
5 Day Camp \$500	4 Day Camp / 3 Day Camp \$440 / \$360	Drop In/Day Session \$130 per day

Camper Information:

Child's NameDate of Birth

AddressCityStateZip Code

Please Check One: Male Female

Age

Level of Baseball: T-Ball Little League Pony Ball Travel Ball

Years of Baseball

League: _____

Mother/Legal GuardianHome PhoneCell/Work Phone

Email Please check to be contacted for future camps and information.

Father/Legal GuardianHome PhoneCell/Work Phone

Email Please check to be contacted for future camps and information.

Golden Gate Sliders Baseball Camp Medical Release

In case of emergency, if our family physician cannot be reached, I hereby authorize my child to be treated by Certified Emergency Personnel. (i.e. EMT, First Responder, E.R. Physician)

Family Physician: _____ Phone: _____

Address: _____

Hospital Preference: _____

In Case of Emergency Contact/Authorized Child Pick Up:

Name	Phone	Relationship to Player
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Name	Phone	Relationship to Player
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Please list any allergies/medical problems, including those requiring maintenance medication. (i.e. diabetic, asthma, seizure disorder).

Medical Diagnosis	Medication	Dosage	Frequency of Dosage

The purpose of the above listed information is to ensure that medical personnel have details of any medical problem that may interfere with or alter treatment.

Does child have all required California immunizations? Yes No

Date of last Tetanus Toxoid Booster: _____

WARNING: Protective equipment cannot prevent all injuries a player might receive while participating in baseball.

Injury Liability Release:

I hereby release Jake Carrillo's Golden Gate Sliders Baseball Camp, including but not limited to its agents and coaches, from any and all liability for any injury sustained by the above player caused by participation in baseball with Jake Carrillo's Golden Gate Sliders Baseball Camp. I expressly recognize that there are risks of injury inherent in participation in baseball. As part of the consideration for participation, I freely give this release:

Signatures:

Parent/Legal Guardian

Date

Parent/Legal Guardian

Date