



## 2018 Gresham GreyWolves Baseball Camp Registration

Participant's Name \_\_\_\_\_ Age \_\_\_\_\_

School \_\_\_\_\_ Position(s) \_\_\_\_\_

Address \_\_\_\_\_

Name(s) of Parents \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone(s) \_\_\_\_\_

E-mail Address \_\_\_\_\_

**Insurance Information:**

Name of Insured \_\_\_\_\_ Company \_\_\_\_\_ Policy # \_\_\_\_\_

T-Shirt Size (circle one): Youth Small – Youth Medium - Youth Large - Adult Small - Adult Medium - Adult Large

### Choose Your Camp:

Multi Skills Camp – Ages 6-13 July 16 <sup>th</sup> to 18 <sup>th</sup> – 9am to Noon Location: Oslund Stadium at Mt. Hood CC Cost \$89 Check here: _____	Multi Skills Camp – Ages 6-13 August 7 <sup>th</sup> to 9 <sup>th</sup> – 9am to Noon Location: Oslund Stadium at Mt. Hood CC Cost \$89 Check here: _____
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*Note: Please note that there is a \$10 discount for signing the same player up for more than one camp, and the same discount will apply for players from the same family signing up for a single camp.*

*We/I hereby request you accept camper's application for enrollment in the 2018 Gresham GreyWolves Youth Baseball Camp. In consideration of your acceptance of this application, we/I hereby agree to release, indemnify and hold harmless the Gresham GreyWolves, Rose City Baseball, LLC and its agents, partners, employees, representatives or assigns, coaches, players and training staff, from all claims resulting from any injury sustained by my child while participating in the camp. We/I further hereby give permission to the coaches, training staff or other medical professionals to provide medical care as deemed necessary to my child in case of injury or illness. We/I certify that my child is in good health and can partake in the camp activities.*

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Total amount included: \_\_\_\_\_ (Please make checks payable to Rose City Baseball, LLC)

Please send this Registration and Check to: Rose City Baseball, LLC, P.O.Box 66087, Portland, Oregon 97290