

Winter Camp Registration Form

Parent(s)/ Guardian(s): Please fill out the following information and bring it, along with the \$50 camp fee, to the registration on November 20.

Player Name: _____

Age: _____

Parent Name: _____

Cell phone #: _____

E-mail address: _____

Please circle the way you would like to be contacted for camp updates such as cancellations or time changes.

E-mail

or

Cell Phone Text

Little League: _____

(ie. Burbank National Burbank American, Travel Ball)

Parent/Guardian Permission Form

The applicant is in good health and has my permission to participate in Reavis High School's Winter Camp. I hereby release Reavis High School and the camp directors/instructors of all liability for any injury incurred by my daughter/son while participating in this winter camp.

Parent/Guardian Signature: _____

Please add any information about your son/daughter that the coaching staff should know (ie. medical conditions, dates he/she cannot make the camp, etc.)