**LACES BASEBALL ACADEMY**

**YOUTH CAMP REGISTRATION FORM**

**PLAYER/PARENT INFORMATION**

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| PLAYER/S NAME: |
| PLAYER/S CURRENT AGE: |
| PLAYER/S PRIMARY POSITION: |
| PLAYER/S SECONDARY POSITION: |
| PLAYER/S CURRENT TEAM: |
|  |
| PARENT NAMES: |
| FATHERS CELL: |
| FATHERS EMAIL: |
| MOTHERS CELL: |
| MOTHERS EMAIL: |

**CAMP ATTENDANCE INFORMATION**

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| --- |
| CAMP AGE ATTENDING: |
|  |
| CAMP DATE/NAME ATTENDING: |
|  |

PLEASE MAKE CAMP PAYMENTS VIA VENMO TO: HEATHER LACEY - @LACESBASEBALL

CAMP ROSTER SPOTS ARE NOT SECURED UNTIL PAYMENT IS RECEIVED. PLEASE EMAIL W QUESTIONS

CAMP DETAILS WILL BE PROVIDED ONCE REGISTRATION IS COMPLETE

FOR PARTICIPANTS OF MINORITY AGE - (UNDER AGE 18 AT THE TIME OF REGISTRATION) CONSENT AND RELEASE ON BEHALF OF MINOR I am the parent and/or legal guardian of the above named minor participant. I have read this agreement thoroughly and understand all of the terms. I understand that I am surrendering legal rights on behalf of the minor and myself. I, on behalf of myself and my minor, agree to be bound by all of the terms of this agreement and also give my consent to allow my minor to participate in the Activities described herein. I release and agree to indemnify and hold harmless the Releasees from any kind and all liabilities incident to my minor child’s involvement or participation in these programs as provided above, even if arising from the negligence of the releases, to the fullest extent permitted by law.

Parent/Guardian’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Relationship to Minor\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_